



# Contractor Training Program

## *Building a Solid Construction Business – Advanced Session*

### Training Program Application

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APPLICATIONS CAN BE TURNED IN AT THE INFORMATION SESSION OR EMAILED NO LATER THAN 3:00PM, FRIDAY, MARCH 16, 2018 to: [angela.barber@sbsd.virginia.gov](mailto:angela.barber@sbsd.virginia.gov) to be considered.

PLEASE COMPLETE THE INFORMATION BELOW: (print clearly)

SWAM Certification # \_\_\_\_\_ Is Certification current? \_\_\_\_ Yes \_\_\_\_ No

Does your company's annual gross receipts meet or exceed \$250,000? \_\_\_\_ Yes (will be verified) \_\_\_\_ No

Year business was established? \_\_\_\_\_

Name of Business: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Briefly describe your company and which segment of the construction industry you represent.

Describe your role in the company (50 words or less)

What is the greatest challenge your company might be facing currently?

What do you see as your greatest opportunity or asset in your company?

What additional resources/tools would be helpful in assisting your businesses growth? \_\_\_\_\_

What other certifications do you currently have? \_\_\_\_\_

Are you licensed and bonded? \_\_\_\_ Yes \_\_\_\_ No - If No, list reasons \_\_\_\_\_

**AFFIDAVIT**

\_\_\_\_ I declare that all the information provided on this application is true and accurate to the best of my knowledge.

\_\_\_\_ If chosen to participate for the SBSB Contractor Training Program, I agree to commit to attending the class and to full participation through the completion of the final training module(s) as described in the course description.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**PLEASE NOTE: Applicants chosen for the Training Program will be notified by email.**

In Partnership with

