



- NEW Technician Application
- UPDATED Technician Information

This form is to be used for Technicians submitting an application or providing information to become an **Independent Installation/Repair facility** for Coast To Coast Communications, Inc.

Company Name: _____ EIN / TIN: _____
 dba: _____ **Issue Pymt To:** Legal name dba Name
 Contact Name: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Main Phone: _____ Dispatch Email: _____
 Acctg Phone: _____ Acctg Email: _____

Normal Service Area: _____
 (ie: Major Cities, Mile radius, County limits, etc)

RATES AND TECHNICIAN INFO

Enter each hourly labor rate for your company - if not applicable, type "N/A" in field (do not leave any field blank)

Cabling Rate: \$ 0.00 Networking Rate: \$ 0.00 Audio/Visual Rate: \$ 0.00 Remote Program Rate \$ 0.00
 After-Hour Rate: \$ 0.00 Emergency Rate: \$ 0.00 Wknd/Hldy Rate: \$ 0.00

Is there a MINIMUM RATE? No Yes please explain: _____
 Travel Charge \$ 0.00 Flat Rate Per Hour Survey Charge \$ 0.00 Flat Rate Per Hour
 Technicians are: Employees Only 1099 Contractors Only Both are used Response Time _____ No Guarantee

SKILLS AND SERVICES INFORMAITON

Indicate your "Primary" & "Secondary" Nature of Business and check all additional services provided as applicable

Primary Nature of Business _____ Please Select _____ Secondary Nature of Business _____ Please Select _____
 Alt Qualified Services: Low Voltage Structured Cabling Networking(IT/Voice) Fiber Optics Audio/Visual
 (Check all that apply) Phone Systems Electrical Wi-Fi/Wireless Other _____

ADDITIONAL SERVICES, LICENSES & QUALIFICATION LEVELS

Indicate all applicable services and levels you provide

SECURITY SYSTEMS :

SURVELLIANCE CAMERA SYSTEMS Digital IP **DAC (Door Access Control)** Certified Qualified
CCTV/VIDEO SURVEILLANCE Certified Qualified **INTERCOM/AUDIO SECURITY** Certified Qualified
OTHER Certified Qualified Description _____

AV/MULTI-MEDIA :

DIGITAL SIGNAGE Certified Qualified **SOUNDMASKING** Certified Qualified
PAGING Certified Qualified **OTHER** Certified Qualified _____

ISP / OSP SERVICES:

INSIDE PLANT Certified Qualified BICSI RCDD Other _____

OUTSIDE PLANT Aerial Trenching Boring Manholes/Handholes Conduit P2P Design

MISC SERVICES :

ELECTRICAL Conduit Installs Outlet Installs General Troubleshoot Other _____

WAP (Wireless Access Points) Certified Qualified **DAS** Certified Qualified

Are you able to perform wireless site surveys? NO YES Flat Rate Survey Charge \$ 0.00 _____

Do you install/program phone systems? Install Certified Qualified Program Certified

Can you configure LAN/WAN equip in the field (requires laptop)? No Yes

LICENSES / CERTIFICATIONS : Indicate / List all Industry-Specific Licenses & Certifications.

Do you have a *Low Voltage* Contractor's License? No Yes **License #** _____ **State** _____ **Active?** YES NO

Do you have a *C10 or Electrical* Contractor License? No Yes **License #** _____ **State** _____ **Active?** YES NO

Do you or an Employee(s) hold a Security Clearance? No Yes **Company** **Employee** **Active?** YES NO

Do you offer Union rates? No Yes

Do you track Prevailing Wages? No Yes

List the Name & Number of any additional license/certificates either the Company or your Employee(s) holds

_____ **Company** **Employee** **Active?** YES NO
_____ **Company** **Employee** **Active?** YES NO

VENDOR ACKNOWLEDGEMENT & AGREEMENT

Each company contracting with Coast To Coast Communications, Inc (C2C) to perform work for C2C Customers, either on site or remotely, shall act as an independent contractor. The technician company (TECH) and all on-site technician sent by TECH must be capable of making all repairs without on-site supervision from C2C. All work requests must be submitted direct from C2C in order payment to be issued.

TECH shall maintain Workman's Compensation Insurance for each of it's employees when required by law and shall continually maintain a current certificate of insurance on file with C2C. If TECH is exempt from coverage in your Country/ State, TECH must notify C2C in writing on company letter as to your exempt status and reasons for exemption.

TECH shall carry General Liability insurance with policy limits of not less than \$1,000,000.00 and the company agrees to defend and indemnify C2C arising our of an activity of the company. The TECH shall continually maintain a current certificate of insurance (COI) on file with C2C main office. TECH's General Liability COI must list C2C as the Certificate Holder and Additionally Insured to satisfy C2C *Technician's Terms & Code of Conduct* policy. COI must include a copy of all applicable endorsements including those referencing technician company certificate of insurance is *Primary & Noncontributory* and include a *Waiver of Subrogation*.

TECH agrees to maintain current W9 / W8 federal forms & current COI's with C2C main office at all times. If TECH undergoes a change in TIN or Federal filing status, they agree to notify C2C in writing within a reasonable time frame or as indicated by state/federal law. If TECH has a change to their ownership, contact information, or insurance policy, they agree to notify C2C in writing within a reasonable time frame or as indicated by state/federal law.

This document does not guarantee TECH any favors or future work nor does it obligate TECH to any future work with C2C.

Print Name (Officer or Authorized Rep of Company)

Print Title

Authorized Signature

Signature Date

Clear All Pages

Print Completed Form