



AMERICAN INDIAN CONSTRUCTION AND TRADES ASSOCIATION
10809 W. Lincoln Ave, #102 West Allis, WI 53227
Ph: 414-604-2044 | Fax: 414-604-2070
www.aiccw.org

ABOUT AICTA

AICTA's mission is to give American Indian tradesmen a voice in Wisconsin's trades industry.

AICCW created the American Indian Construction & Trade Association (AICTA), responding to the need for American Indians in the construction industry to have access to much needed information about federal, state, and local government policies. AICTA also lobbies on behalf of American Indians in Wisconsin to give their voice on issues that affect the industry.

AICTA Annual Membership Fee \$0 at this time

AICTA MEMBERSHIP APPLICATION

Company Name _____

Name of Owner _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Cell phone _____ Email _____

Website _____

Tribal Affiliation: _____

American Indian Owned? **Yes** **No** Enrollment Number _____

Tribal Affiliation _____

Corporation? **Yes** **No** EIN # _____

Sole Proprietor **Yes** **No** SS# _____

Date Company Established _____ Average Number of Employees _____

**CONFIDENTIAL PROPRIETARY INFORMATION – NOT FOR DISTRIBUTION
AICTA APPLICANT INFORMATION REQUEST**

Dear Applicant:

Please provide the AICTA with your business biography and any other information that might assist us in providing services to your business. This information will assist our office in promoting and networking your business and services, gathering information for aggregate statistical purposes, and assist us in obtaining grants for the programs and services. Please attach any company literature or brochures for distribution. If you have any questions, please contact the AICCW office at 414-604-2044. Thank you.

Type of Construction or Trade (Category)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Bonded **Yes No** Maximum Bonding Level \$ _____

Union **Yes No** Unions Signatory to _____

Certifications currently held (DBE, MBE, EBE, WBE) _____

Largest Project Completed in past 5 years _____

Customer Name _____ Customer Contact _____

Value _____

Does your firm have a written Safety Program? **Yes No**

Does your firm have a Drug Testing Program? **Yes No**

If you answer yes to any of the following questions, please provide detailed explanation on separate sheet

Are there any Judgments, Claims or Suits (pending or outstanding) against your firm that could affect its ability to complete a contract? If yes, please explain on a separate sheet of paper. **Yes No**

Has your firm, any of its owners, a subsidiary or corporate parent, or any officer or director been convicted of violating laws regarding Unlawful Contracts or Conspiracies? **Yes No**

Has your firm, any of its owners, a subsidiary or corporate parent, or any officer or director filed for Bankruptcy, Receivership or Reorganization within the past 5 years? **Yes No**

Has your firm failed to complete any contracts awarded to it within the past 5 years? **Yes No**

Has your firm ever been charged with or convicted of a violation of any wage schedule? **Yes No**

If union, is your firm current with its benefit contributions? **Yes No**

Does your firm have any outstanding federal or state tax liens? **Yes No**

AFFIDAVIT

Applicant affirms that the answers to the foregoing questions and all statements therein contained are true and correct.

Applicant Signature

Date

Printed Name

Title