



# INDEPENDENT ROOFING CONTRACTORS OF CALIFORNIA, INC.

1408 West Main St. - Suite D - Ripon, CA 95366

## VOTING MEMBER APPLICATION

\$500 Annual Dues

Pay Online By Credit Card (Secured)

"A Commitment to Excellence, Competition, and Training"

Please type or print clearly:

( 1) Name of Firm: \_\_\_\_\_

( 2) Contract License Number: \_\_\_\_\_

( 3) Type of License: \_\_\_\_\_ Years in business: \_\_\_\_\_  
Other Licenses: \_\_\_\_\_

(4) Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
(5) Phone: \_\_\_\_\_ (6) Fax Number: \_\_\_\_\_ EMAIL \_\_\_\_\_ Website: \_\_\_\_\_

( 7) Other Branches: \_\_\_\_\_

(8) Names of Principals: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

( 9) Workers Comp Carrier Name: \_\_\_\_\_  
(Certificate of Insurance must be attached to application)

**Please list Mod Rate:** \_\_\_\_\_ (2019) \_\_\_\_\_ (2020) \_\_\_\_\_ (2021)

(10) General Liability Carrier Name: \_\_\_\_\_

Policy Limits: \_\_\_\_\_ (Please Attach evidence of G/L)

(11) Is your firm currently signatory to a bargaining agreement? ..... Yes No  
(12) Is your firm currently approved through DAS+ to train Apprentices? ..... Yes No

If you are approved to train, in which training program (jurisdiction) are your apprentices enrolled? \_\_\_\_\_

(13) Number of employees currently employed as roofers:..... \_\_\_\_\_

(14) Number of employees currently employed as journeymen:..... \_\_\_\_\_

(15) Does your firm have a written safety program? ..... Yes No

(16) Are regular safety meetings held? ..... Yes No

(17) To what other professional organizations does your firm belong?..... \_\_\_\_\_

**I hereby certify that the above supplied information is current and accurate to the best of my knowledge:**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Date