



## M.C.G.A Contractor Application Form

### Contractor & Company Profile

Company Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_ City / State / ZIP: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_

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

License Number / State Issued: \_\_\_\_\_ Federal Tax ID / EIN: \_\_\_\_\_

### Credentials & Capabilities

License Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Proof of Insurance Attached:**  Yes  No

**Bonded:**  Yes  No

### Service Categories:

- Windows & Door
- Roofing
- Plumbing
- Electrical
- HVAC
- Flooring
- Kitchens
- Bathrooms
- Painting
- Concrete/Masonry
- Other

ZIP Codes Served: \_\_\_\_\_ Counties / Cities: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

**Use Subcontractors:**  Yes  No

## References, Attachments & Authorization

### Customer Reference #1

Name: \_\_\_\_\_  
Project: \_\_\_\_\_

Phone: \_\_\_\_\_  
Year: \_\_\_\_\_

### Customer Reference #2

Name: \_\_\_\_\_  
Project: \_\_\_\_\_

Phone: \_\_\_\_\_  
Year: \_\_\_\_\_

### Customer Reference #3

Name: \_\_\_\_\_  
Project: \_\_\_\_\_

Phone: \_\_\_\_\_  
Year: \_\_\_\_\_

## Documents Uploads

Contractor License  
General Liability Insurance  
Worker's Comp Certificate  
Project List

Upload option via email → [Join@MCGA.com](mailto:Join@MCGA.com)

## Authorization & Signature

I hereby certify that all information provided is accurate and complete. I authorize Make Contractors Great Again to verify my license, insurance, and references as part of the Extreme Contractor Vetting process.

### MCGA Code of Ethics Acknowledgment

I agree to uphold the MCGA Code of Ethics, guaranteeing honesty, integrity, workmanship excellence, and a commitment to restoring trust in the contracting industry.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_