



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: _____

Phone: _____

Project: _____

Year: _____

Customer Reference #2

Name: _____

Phone: _____

Project: _____

Year: _____

Customer Reference #3

Name: _____

Phone: _____

Project: _____

Year: _____

Documents Uploads

Contractor License

General Liability Insurance

Worker's Comp Certificate

Project List

Upload option via email → 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: _____