



King Network Services Inc. Contractor Pre-Qualification Application

When application is complete, submit to finance@knsinc.net

Applicant Identification.

Name of Applicant:		
Address:		
Mailing address if different from above:		
Tel:	Fax:	
Person responsible for handling the King Network Services Inc. account		
Name:	Title:	
Tel:	Fax:	Email Address:

General Information

Applicant has been in business _____ years.				
Applicant is a Corporation Partnership Joint Venture Sole Proprietorship				
Country or State of Organization:				
If the applicant is a Corporation, list the names and titles of the principal officers.				
Name		Title		
If the applicant organization is a Partnership or Limited Partnership, list the names and titles of the general partners.				
Name	Title		Limitations	

Sponsor Information *(Not Required)*

Applicant has been requested by:
For Which Project:

If the applicant is a Joint Venture, list the entities that make up the Joint Venture and the percentage of ownership:			
Is the applicant presently a subsidiary of, or affiliated with, another firm?		YES	NO
If yes, provide the name of the firm.			
What states are you registered to do business?			
In which states can you perform services?			
Under what names are you registered to do business?			
Have you within the past five (5) years operated under a DBA for AKA trade name?		YES	NO
If yes, what name (s)			

Staffing

How many employees were employed in 2012? Provide a breakdown of the staff or an organizational chart.

How many employees are currently employed? Provide a breakdown of the staff or an organizational chart.

Financial

Are there presently any judgements, suits, sanctions, disbarments, or claims pending against, or contemplated by, the applicant that could negatively impact its ability to perform any contract w/ KNS? If YES, explain on a separate sheet.	YES	NO
Please attach a current copy of the applicant's most recent audited financial states(s). <i>As a minimum, include your latest Income Statement and Balance Sheet.</i>		
Federal Tax ID#		
Dunn & Bradstreet #		
Ability to Furnish Performance and Payment Bond for Work.		
Yes _____	No _____	Bonding capacity
Remaining _____		
Are you capitalized through a venture capital firm? If YES, provide the firm's name and ownership percentage.		

List any certifications that the applicant holds and include a copy of the certificate (i.e. MBE/WBE/DVBE).

List other services the applicant can provide which are not detailed above.

List any geographical, staffing or equipment limitations that may affect applicant's ability to perform.

OSHA Citations

Does the applicant presently have a Safety Assurance Plan? If YES, please provide a copy of the plan.	YES	NO
Has the applicant ever been cited by OSHA for a safety infraction(s)? If yes, provide an explanation on a separate sheet. Specifically, describe any OSHA violations in detail, including the violation, how it was resolved with OSHA and any other corrective actions taken.	YES	NO
Does applicant have a written drug and alcohol program? If YES please provide a copy.	YES	NO
Does applicant have a safety incentive program? If YES please provide a copy.	YES	NO
Does applicant have a written Investigation program for injuries, incidents, and near misses? If YES please provide a copy.	YES	NO
Does applicant have a full time Site Safety Supervisor on all projects? *Please submit a resume for Safety Personnel proposed on the project.	YES	NO
Does applicant set annual safety goals? If yes, applicant's 2008 goals are: EMR___ RIR___LTIR___ Other safety goals:	YES	NO
Is the applicant currently ISO certified? If YES, list certificates(s) held:	YES	NO

Contact Person

Please indicate the name, title and contact information of the person who may be contracted to answer any questions concerning this application.

Name:	Title:
Tel:	Fax:
Email:	Alternate Telephone Number:

Please provide, on a separate sheet, any additional pertinent information that applicant feels may be beneficial to KNS understanding and evaluation of the applicant.

Certification The information contained herein is true, complete and correct to the best of the undersigned's knowledge and belief. It is understood that any misleading and/or false information or statements contained herein may disqualify the applicant and/or be sufficient cause for termination of any contract, agreement, or work assignment awarded by KNS and/or its authorized agents. Furthermore, completion of this application authorizes KNS to request a D&B report on Applicant.

SUBCONTRACTOR INFORMATION AND CONTACT INFORMATION

Location Name	Address	City	State	Zip code

Main contact	Title	Office Telephone	E-mail address

Billing contact	Title	Office Telephone	E-mail address

SUBCONTRACTOR CLASSIFICATION

CONSTRUCTION

Tower Construction/Mods	<input type="checkbox"/>	Fencing	<input type="checkbox"/>
Antenna and Line	<input type="checkbox"/>	Electrical	<input type="checkbox"/>
Civil Construction	<input type="checkbox"/>	Drilling	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	Crane Services	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>
Steel Fabrication and Installation	<input type="checkbox"/>		

A&E

Architectural	<input type="checkbox"/>	Surveying	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Civil Engineering	<input type="checkbox"/>	Geo tech engineering	<input type="checkbox"/>

Site Acquisition

Site Acquisition	<input type="checkbox"/>	Zoning /Permitting	<input type="checkbox"/>
Site audits/surveys	<input type="checkbox"/>	Sweep Testing	<input type="checkbox"/>

Staffing

Survey's	<input type="checkbox"/>	OEM Installer's	<input type="checkbox"/>
Backhaul Tester's	<input type="checkbox"/>	General Laborers	<input type="checkbox"/>
Project & Construction Managers	<input type="checkbox"/>	Back Office & Finance	<input type="checkbox"/>
OEM Integrator's	<input type="checkbox"/>	HVAC Personel	<input type="checkbox"/>
Electrician's	<input type="checkbox"/>		



Date: _____

SUBCONTRACTOR SAFETY DATA FORM¹

Company: _____

Street Address: _____

City, State & Zip code: _____

WORKERS' COMPENSATION INSURANCE – EXPERIENCE MODIFICATION RATIO (“EMR”)

A. Provide your company’s EMR for the current year and each of the last three (3) years. **Provide a recent letter from your insurance company that verifies your company’s EMR rating for the past three years:**

Policy Year	EMR
201__	_____
201__	_____
201__	_____
Current Year	_____

SAFETY AUDITING AND INCIDENT INVESTIGATION

- A. Does your company have an incident investigation procedure? Yes No
- B. Does your company’s senior management participate in incident investigations? Yes No

OSHA RECORDABLE INCIDENTS

A. Provide the following data from your company's OSHA 300 log for current year and each of the last three (3) years. **In addition, attach a redacted copy of the OSHA 300 and OSHA 300A forms for each year reported.**

	YTD	200__	200__	200__
1. Number of employee hours worked				
2. Number of fatalities OSHA Log Form 300-Column G				
3. Number of lost workday cases OSHA Log Form 300-Column H				
4. Number of cases with days away from work or restricted OSHA Log Form 300-Column I				
5. Number of recordable cases OSHA Log Form 300-Column J				
6. Lost Work Day Incident Rate (Line 3) x (200,000) Number of employee hours (Line 1)				
7. Total Incident Rate (Line 5) x (200,000) Number of employee hours (Line 1)				

SAFETY AND HEALTH

A. Has your company had an OSHA citation in the past five years? Yes No
If yes, on a separate sheet describe the OSHA violations in detail, including the violation, how it was resolved with OSHA and any other corrective actions taken.

B. Does your company have a documented safety and health program? Yes No
If yes, attach a copy

C. Does your company have a Safety Officer or Safety Department? Yes No
Name: _____ Telephone: _____

D. Does your company employ full-time supervision on all job sites? Yes No

E. Does your company have a Personnel Protective

Equipment ("PPE") policy (i.e. mandatory hard hats, safety glasses, etc.)? Yes No

If yes, what does the policy include: _____

F. Does your company's Safety and Health Program address all OSHA standards as they apply to contractors, for example Hazardous Communications Standard (29 CFR 1910, 1200) and all of the requirements associated with those standards? Yes No

G. Does your company have a Substance Abuse Program that is designed to provide a Drug Free Workplace? Yes No

If yes, attach a copy of the policy

If yes, does it include:

Pre-employment screening? Yes No

Random testing? Yes No

Testing with cause? Yes No

H. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation.

SAFETY AND HEALTH TRAINING

A. Does your company require on-site supervisors to have 30 hours of OSHA training courses? Yes No

What type of safety orientation does your company provide for new hires?

Film Slides Handbook Verbal Other

Topics included in orientation: _____

B. Does your company provide training on environmental issues? Yes No

If yes, topics covered: _____

C. Do foremen receive formal safety training? Yes No

If yes, topics covered: _____

D. Does your company have certified trainers? Yes No

E. Are your foremen trained in First Aid? Yes No

Are your foremen trained in CPR? Yes No

F. Safety Meetings

**Yes/
No**

- | | | | |
|--|-------|-----------|-------|
| 1. Are job site foremen's safety meetings required? | _____ | Frequency | _____ |
| 2. Are regular toolbox safety meetings required? | _____ | Frequency | _____ |
| 3. Are regular safety/housekeeping audits conducted? | _____ | Frequency | _____ |
| 4. Are environmental audits conducted on your job sites? | _____ | Frequency | _____ |
| 5. Do you require "Competent Person" certifications? | _____ | Frequency | _____ |