



CONTRACTOR ACCREDITATION APPLICATION FORM

Please complete form entirely and forward along with payment to:
 AIR BARRIER ASSOCIATION OF AMERICA INC.
 1600 Boston-Providence Hwy
 Walpole, MA 02081

phone: 1-866-956-5888
 fax: 1-866-956-5819
 email: abaa@airbarrier.org
 web: www.airbarrier.org

(Please print or type)

Representative (Primary Contact)		
Companies Legal Name		
Companies Trade Name		
Mailing Address		
Courier Address		
Website		
City	State	Postal Code
Telephone	Facsimile	E-Mail
Additional Branch Locations		

Type of Business

A Sole Proprietorship Corporation Partnership

Date of Incorporation/Registration _____

Name and Addresses of all Principals and Directors

(If more than 3, please attach list to back)

Name	Name	Name
Address	Address	Address

THIS FORM MUST BE COMPLETED FULLY OR THE APPLICATION WILL NOT BE PROCESSED

Financial Information

Name of Financial Institution (Primary)	
Branch Address	
Contact	Position
Telephone	Fax

Name of Accounting Firm	
Address	
Contact	Position
Telephone	Fax

Legal Information

Name of Legal Firm	
Address	
Contact	Position
Telephone	Fax

Insurance Information

Name of Insurance Company	
Address	
Contact	Position
Telephone	Fax

Amount of Comprehensive General Liability Insurance: _____

**A copy of Insurance Certificate is required to be attached to this application, minimum liability:
\$ 2 000 000.00**

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