



ENVIRONMENTAL CONTRACTORS ASSOCIATION

510 Broadhollow Rd Ste 305A |
Melville, NY 11747
Tel: 917-775-0767

info@ecanyc.org | www.ecanyc.org

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

Date _____

Employer Federal ID Number

Dunn & Bradstreet ID Number

Name of Company

Name of Principal Contact

()

Address

Telephone Number

()

City, State and Zip Code

Fax Number

THE COMPANY IS A:

() Corporation — Date Incorporated _____

() Partnership Consisting of _____ State Incorporated _____

() Limited Liability Company with _____ Partners _____

() Sole Proprietorship Owned by _____ Managing Members _____

Please List All Persons (including corporations) Who Are Partners or Hold an Ownership or Equity Interest in the Shares or Assets of the Company.

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1. President's Name

Contact Telephone Number

Mailing Address

Email Address

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2. Vice President's Name

Contact Telephone Number

Mailing Address

Email Address

()

3. Secretary's Name

Contact Telephone Number

Mailing Address

Email Address

Please list all the companies engaged in environmental abatement work in which the above-listed principals in the last ten (10) years have in the past worked with or had an ownership interest:

1. Principal's Name	Company Name	<input type="checkbox"/> Present Ownership Interest <input type="checkbox"/> Past Ownership Interest
2. Principal's Name	Company Name	<input type="checkbox"/> Present Ownership Interest <input type="checkbox"/> Past Ownership Interest
3. Principal's Name	Company Name	<input type="checkbox"/> Present Ownership Interest <input type="checkbox"/> Past Ownership Interest

Please state whether your company or any of the companies listed above are currently in arrears with respect to required payments to any union-sponsored health, welfare or pension fund, and if a particular company is in arrears, the name of the company, the name of the fund to which it owes money, the amount of money owed and the length of time it has been owed in the last six (6) years:

Name of Company	Name of Union Type of Fund	Amount	Time
1. -----	-----	Owed <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Welfare	-----
2. -----	-----	<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Welfare	-----
3. -----	-----	<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Welfare	-----
4. -----	-----	<input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Welfare	-----

Workers Compensation Carrier Name _____
 Policy Number _____
 Effective Date: From _____ To _____

Has the Company listed above ever been prohibited or debarred from performing public work (*including voluntary prohibition*) by the State of New York, any other state, public entity (*e.g. city, county, board of education, etc.*), or the federal government? Yes No

If yes, provide start and end dates, reason for prohibition/debarment, and any other relevant details.

Have any of the individuals listed above regarding the Company ever been prohibited or debarred from performing public work (*including voluntary prohibition*) by the State of New York, any other state, public entity (*e.g. city, county, board of education, etc.*), or the federal government? Yes No

If yes, provide start and end dates, reason for prohibition/debarment, and any other relevant details.

At any time during the preceding five (5) years, did the Company listed above receive a notice of an alleged violation of any:

a. New York State Labor Law?

Yes No If yes, provide date of notice, description of violation, and case number.

b. United States Federal Labor Law including OSHA (*Occupational Safety and Health Act*), NLRB (*National Labor Relations Board*), or Affirmative Action laws?

Yes No If yes, provide date of notice, description of violation, and case number.

c. Labor Laws of any other state or public entity (*e.g. city, county, board of education, etc.*)?

Yes No If yes, provide date of notice, description of violation, and case number.

At any time during the preceding five (5) years, did any of the individuals listed above with regard to the Company receive notice of an alleged violation of any:

a. New York State Labor Law?

Yes No If yes, provide date of notice, description of violation, and case number.

b. United States Federal Labor Law including OSHA (*Occupational Safety and Health Act*), **NLRB** (*National Labor Relations Board*), or Affirmative Action laws?

Yes No If yes, provide date of notice, description of violation, and case number.

c. Labor Laws of any other state or public entity (*e.g. city, county, board of education, etc.*)?

Yes No If yes, provide date of notice, description of violation, and case number.

Are there pending or concluded administrative, civil, or criminal allegations by any federal, state, or local government jurisdiction in which the Company or its responsible representatives are alleged to have committed an offense in obtaining or attempting to obtain a public contract or subcontract there under or in the performance of such contract or subcontract?

Yes No If yes, provide the name of the government agency making the allegation, date of notice, and description of alleged offense.

Signature

Date

Name Printed

Title