



**Building  
Structures &  
Exteriors, LLC**  
Optimal Product Solutions

P.O. Box 7606

Greensboro, NC 27406

Phone (336) 632-9522; Fax (336) 632-9581

## Erector Qualification Form

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### General Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

(dba) Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Type:  Sole Proprietorship  Partnership  Corporation  Joint Venture  Union  Non-Union

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### Insurance:

What is your current Worker's Compensation Experience Modification Rate (EMR)? \_\_\_\_\_

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### Project Experience:

Project Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Project Location (City & State): \_\_\_\_\_

Reference Contact for project: \_\_\_\_\_

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Project Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Project Location (City & State): \_\_\_\_\_

Reference Contact for project: \_\_\_\_\_

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Project Name: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Project Location (City & State): \_\_\_\_\_

Reference Contact for project: \_\_\_\_\_

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### Service Area:

Please list the states where your company is properly licensed to do business: \_\_\_\_\_