



Independent Contractor
Registration Form and Questionnaire

PLEASE COMPLETE THIS REGISTRATION FORM AND ATTACHED QUESTIONNAIRE. YOU MUST SUBMIT ALL REQUIRED ITEMS LISTED BELOW VIA EMAIL TO: VENDORMANAGEMENT@PKMG.NET - YOU MUST ALSO SEND THE ORIGINAL SIGNED DOCUMENTS TO OUR ADDRESS BELOW WHEN REQUESTED

Company Name: _____

Primary Contact Name: _____ Title _____

Officer/Business Manager Name: _____ Title _____

FEIN (Employer Identification Number): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Cell: _____ E-Mail: _____

ASPEN GROVE ABC # (If Any): _____

Type of Organization: **This must match your W-9 IRS Document**

- Form fields for organization type: Sole Proprietor/Individual, Corporation, Partnership, LLC (Limited Liability Company), Other (please specify)

REGISTRATION REQUIREMENTS: PLEASE PROVIDE THE FOLLOWING ATTACHMENTS: *COMPANY NAMES MUST MATCH ALL DOCUMENTATION PROVIDED;

- 1. A Completed Independent Contractors Registration Form and Questionnaire
2. Optional: Provide a Service Fee Schedule for all of your services your company provides.
3. Copies of any professional licenses currently held - A license is required for LBP/Environmental, Roofing, WDO/Termite Contractors, Appraisers, and any other trade when required by Federal, State or Local regulations.
4. Certificates of Insurance - (General Liability, Professional Liability/Errors and Omissions, Auto Insurance and Worker's Compensation, Workers Compensation State Exemption/or Workers Compensation Waiver) - All insurances, Exemptions or Workers Compensation Waiver as it applies to your company business type (preservation contractor - WDO/Pest Termite Contractor, Environmental, etc.) and its business requirements.

A copy or evidence of insurance is needed for Phase One of the approval process. Please note that once P.K. Management Group, Inc. notifies your company that your company is approved and work orders are ready to be issued, your company must name P.K. Management Group Inc. as an Additional Insured and/or as a Certificate Holder before the company can have work orders issued to your company and become a vendor for P.K. Management Group, Inc.

*ADDITIONAL INSURED/CERTIFICATE HOLDER INFORMATION: (MUST BE ON THE CERTIFICATE EXACTLY AS SHOWN BELOW)

P.K. MANAGEMENT GROUP, INC.
3006 Aviation Ave., Suite 3-B
Miami, FLORIDA 33133
ATT: VENDOR MANAGEMENT DEPARTMENT

Please note that once your company has been approved the some or all of the following additional forms will be sent to your company to complete Phase Two of the vendor process

- W-9 Form
Sub-Contractors Agreement
Aspen Grove ABC Number(s) [See Page 5 of 5]
Submission of All Original documents

To properly evaluate your company please complete the following sections:
Services provided: (Check all that apply)

<input type="checkbox"/> Roof Replacement	<input type="checkbox"/> Lawn Services	<input type="checkbox"/> Roof Inspections	<input type="checkbox"/> Roof Repairs
<input type="checkbox"/> Trash Out	<input type="checkbox"/> Cleaning Services	<input type="checkbox"/> WDO Inspections	<input type="checkbox"/> WDO Treatment
<input type="checkbox"/> Septic Inspections	<input type="checkbox"/> Septic Repairs/Drainfiled Inspections and Repairs	<input type="checkbox"/> Septic Pump outs	<input type="checkbox"/> General Contractor
<input type="checkbox"/> General Repairs	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Painting	<input type="checkbox"/> Carpet Installation/Removal	<input type="checkbox"/> Drywall Repair Knockdown/Popcorn/Texture	<input type="checkbox"/> Flooring Installation of Ceramic Tile
<input type="checkbox"/> Laminate Flooring	<input type="checkbox"/> HVAC/Install	<input type="checkbox"/> HVAC Repair	<input type="checkbox"/> Other

*** YOU MUST PROVIDE COPIES OF APPLICABLE LICENSES/CERTIFICATIONS FOR THESE ITEMS - ALL LICENSES MUST BE VALID AT TIME OF SUBMITTAL**

Please list additional services/skills not listed above:

SURVEY RE: CAPACITY

NUMBER OF AVAILABLE FIELD WORK CREWS?	_____
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Have you done HUD work with any of the following Companies?

CHECK ALL THAT APPLY	Company	HUD M&M III?
<input type="checkbox"/>	Cityside Management Corporation	<input type="checkbox"/>
<input type="checkbox"/>	CooperCitiWest	<input type="checkbox"/>
<input type="checkbox"/>	A2Z Field Services	<input type="checkbox"/>
<input type="checkbox"/>	Innotion Enterprises	<input type="checkbox"/>
<input type="checkbox"/>	CWIS, LLC	<input type="checkbox"/>
<input type="checkbox"/>	First Preston	<input type="checkbox"/>
<input type="checkbox"/>	Sigma Services	<input type="checkbox"/>

Do you have access to the following?

<input type="radio"/>	High Speed Internet Access / Mobile Broadband Internet
<input type="radio"/>	Reliable E-mail service
<input type="radio"/>	Digital Camera with Time and Date Stamp Application
<input type="radio"/>	Microsoft Office (Word/Excel)
<input type="radio"/>	Adobe Acrobat - Standard or Professional (NOT ADOBE READER)
<input type="radio"/>	Reliable Cell Phone Service
<input type="radio"/>	Desktop/Laptop Computer

**Please check off the equipment below that your
crews are provided with while on site:**

YES/NO	EQUIPMENT	YES/NO	EQUIPMENT
	Digital Camera		Air Compressor
	Laptop		Screw Guns
	Tablet		Brooms
	Cell Phone(s)		Mops
	Generator		Cleaning Products
	Lawn Service Equipment		Other

BUSINESS CLASSIFICATION DESIGNATION (we gather this information for internal use)

CHECK ALL THAT APPLY	Business Classification
	Small Business
	Disadvantaged Business
	Woman-owned Business
	SDV (Service Disabled Veteran)
	HUB-Zone Business
	8(a) Contractor
	Large Business

REFERENCES (List 3 Business References)

NAME	TELEPHONE NUMBER	EMAIL

**ASPEN GROVE BACKGROUND CHECK NUMBERS
(Please Attach Additional Sheet If Necessary)**

ASPEN GROVE NUMBER(s)	NAME(s)

LIST OF SERVICES AREAS

Please list below only entire counties for each state you provide services, in which you feel you can adequately perform (We do not accept partial counties, cities/towns or zip codes)

STATE	ALL COUNTIES?	COUNTY	COUNTY	COUNTY	COUNTY

CERTIFICATION QUESTION: Are you or any of your immediate family members related to or have any affiliation with any principal or employee of P.K. Management Group, Inc. If so, please provide names and explain the relationship. If the answer is NO, please mark this space as "N/A":

1. _____
2. _____
3. _____

By signing below, I certify that the foregoing information is true and accurate to the best of my knowledge. I understand that the information on this registration form and the results of the background investigation will remain confidential. I also understand that this is not an offer of employment.

Signature

Company Name

Print Name and Title

Date