



TRADE PARTNER / SUBCONTRACTOR APPLICATION

Shep Quality Construction LLC

We Speak Spanish / Se Habla Español

1. COMPANY INFORMATION

Company / Trade Name	_____	Contact Name	_____
Phone	_____	Email	_____
Business Address	_____	City / State / ZIP	_____
Website / Social Media	_____	Years in Business	_____
Primary Service Area / Counties: _____			

2. TRADE & CAPABILITIES

- | | | |
|--|-----------------------------------|---|
| ☐ Framing / Carpentry | ☐ Drywall | ☐ Painting |
| ☐ Flooring | ☐ Tile | ☐ Roofing |
| ☐ Siding | ☐ Gutters | ☐ Windows / Doors |
| ☐ Electrical | ☐ Plumbing | ☐ HVAC |
| ☐ Concrete | ☐ Masonry | ☐ Excavation / Grading |
| ☐ Landscaping | ☐ Cleaning | ☐ Other |

Crew Size	_____	Typical Project Size	_____
Years in Trade	_____	Emergency / After-Hours Available?	_____
Specialties, certifications, equipment, or services you want SQC to know about: _____			

3. PROJECT TYPES

☐ Residential Construction & Remodeling ☐ Insurance Restoration ☐ Commercial Construction

4. INSURANCE, TAX & BUSINESS DOCUMENTS

General Liability Insurance	☐ Yes ☐ No	Workers' Compensation	☐ Policy ☐ Exemption ☐ Neither
Can Provide W-9	☐ Yes ☐ No	Certificate of Insurance (COI)	☐ Attached ☐ Available
Licensed where required	☐ Yes ☐ No ☐ N/A	Bonded, if applicable	☐ Yes ☐ No ☐ N/A

5. EXPERIENCE & REFERENCES

Briefly describe your company, typical work, and the type of projects you are looking to perform for SQC:

REFERENCE / COMPANY	CONTACT NAME	PHONE / EMAIL	RELATIONSHIP / WORK PERFORMED

6. CURRENT AVAILABILITY

Earliest Start Date

Current Backlog

Preferred Work Area

Travel Radius

Typical working days/hours or scheduling limitations:

7. ACKNOWLEDGMENT

By signing below, the applicant certifies that the information provided is accurate to the best of their knowledge. Submission of this application does not create an employment relationship, guarantee work, or obligate Shep Quality Construction LLC to award any project. Trade partners and subcontractors may be required to provide current insurance, tax documentation, licensing or exemption information, references, and project-specific documentation before work is assigned.

Applicant / Authorized Representative

Title

Signature

Date

For SQC Office Use Only

Status	☐ Approved ☐ Pending ☐ Not Approved	Trade Partner ID / Vendor No.	
Reviewed By		Date Reviewed	
Insurance Verified	☐ Yes ☐ No	W-9 Received	☐ Yes ☐ No
Notes			