



- NEW Technician Application
- UPDATED Technician Information

This form is to be used for Technicians submitting an application or providing information to become an **Independent Installation/Repair facility** for Coast To Coast Network Solutions, Inc.

Company Name: \_\_\_\_\_ EIN / TIN: \_\_\_\_\_  
 dba: \_\_\_\_\_ **Issue Pymt To:**  Legal name  dba Name  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Dispatch Email: \_\_\_\_\_  
 Acctg Phone: \_\_\_\_\_ Acctg Email: \_\_\_\_\_

Normal Service Area: \_\_\_\_\_  
 (ie: Major Cities, Mile radius, County limits, etc)

### RATES AND TECHNICIAN INFO

**Enter each hourly labor rate for your company - if not applicable, type "N/A" in field (do not leave any field blank)**

Cabling Rate: \$ 0.00 Networking Rate: \$ 0.00 Audio/Visual Rate: \$ 0.00 Remote Program Rate \$ 0.00  
 After-Hour Rate: \$ 0.00 Emergency Rate: \$ 0.00 Wknd/Hldy Rate: \$ 0.00

Is there a MINIMUM RATE?  No  Yes please explain: \_\_\_\_\_  
 Travel Charge \$ 0.00  Flat Rate  Per Hour Survey Charge \$ 0.00  Flat Rate  Per Hour  
 Technicians are:  Employees Only  1099 Contractors Only  Both are used Response Time  No Guarantee

### SKILLS AND SERVICES INFORMAITON

**Indicate your "Primary" & "Secondary" Nature of Business and check all additional services provided as applicable**

Primary Nature of Business \_\_\_\_\_ Please Select \_\_\_\_\_ Secondary Nature of Business \_\_\_\_\_ Please Select \_\_\_\_\_  
 Alt Qualified Services:  Low Voltage  Structured Cabling  Networking(IT/Voice)  Fiber Optics  Audio/Visual  
 (Check all that apply)  Phone Systems  Electrical  Wi-Fi/Wireless  Other \_\_\_\_\_

### ADDITIONAL SERVICES, LICENSES & QUALIFICATION LEVELS

**Indicate all applicable services and levels you provide**

#### SECURITY SYSTEMS :

**SURVELLIANCE CAMERA SYSTEMS**  Digital  IP **DAC (Door Access Control)**  Certified  Qualified  
**CCTV/VIDEO SURVEILLANCE**  Certified  Qualified **INTERCOM/AUDIO SECURITY**  Certified  Qualified  
**OTHER**  Certified  Qualified Description \_\_\_\_\_

#### AV/MULTI-MEDIA :

**DIGITAL SIGNAGE**  Certified  Qualified **SOUNDMASKING**  Certified  Qualified  
**PAGING**  Certified  Qualified **OTHER**  Certified  Qualified \_\_\_\_\_

**ISP / OSP SERVICES:**

**INSIDE PLANT**    Certified    Qualified    BICSI    RCDD    Other \_\_\_\_\_

**OUTSIDE PLANT**    Aerial    Trenching    Boring    Manholes/Handholes    Conduit    P2P Design

**MISC SERVICES :**

**ELECTRICAL**    Conduit Installs    Outlet Installs    General Troubleshoot    Other \_\_\_\_\_

**WAP (Wireless Access Points)**    Certified    Qualified   **DAS**    Certified    Qualified

**Are you able to perform wireless site surveys?**    NO    YES   Flat Rate Survey Charge   \$ 0.00

**Do you install/program phone systems?**    Install    Certified    Qualified    Program    Certified

**Can you configure LAN/WAN equip in the field (requires laptop)?**    No    Yes

**LICENSES / CERTIFICATIONS :**   Indicate / List all Industry-Specific Licenses & Certifications.

Do you have a *Low Voltage* Contractor's License?    No    Yes   **License #** \_\_\_\_\_   **State** \_\_\_\_\_   **Active?**    YES    NO

Do you have a *C10 or Electrical* Contractor License?    No    Yes   **License #** \_\_\_\_\_   **State** \_\_\_\_\_   **Active?**    YES    NO

Do you or an Employee(s) hold a Security Clearance?    No    Yes    **Company**    **Employee**   **Active?**    YES    NO

Do you offer Union rates?    No    Yes

Do you track Prevailing Wages?    No    Yes

**List the Name & Number of any additional license/certificates either the Company or your Employee(s) holds**

\_\_\_\_\_    **Company**    **Employee**   **Active?**    YES    NO  
\_\_\_\_\_    **Company**    **Employee**   **Active?**    YES    NO

**VENDOR ACKNOWLEDGEMENT & AGREEMENT**

Each company contracting with Coast To Coast Network Solutions, Inc (C2CIT) to perform work for C2CIT Customers, either on site or remotely, shall act as an independent contractor. The technician company (TECH) and all on-site technician sent by TECH must be capable of making all repairs without on-site supervision from C2CIT. All work requests must be submitted direct from C2CIT in order payment to be issued.

TECH shall maintain Workman's Compensation Insurance for each of it's employees when required by law and shall continually maintain a current certificate of insurance on file with C2CIT. If TECH is exempt from coverage in your Country/ State, TECH must notify C2CIT in writing on company letter as to your exempt status and reasons for exemption.

TECH shall carry General Liability insurance with policy limits of not less than \$1,000,000.00 and the company agrees to defend and indemnify C2CIT arising our of an activity of the company. The TECH shall continually maintain a current certificate of insurance (COI) on file with C2CIT main office. TECH's General Liability COI must list C2CIT as the Certificate Holder and Additionally Insured to satisfy C2CIT *Technician's Terms & Code of Conduct* policy. COI must include a copy of all applicable endorsements including those referencing technician company certificate of insurance is *Primary & Noncontributory* and include a *Waiver of Subrogation*.

TECH agrees to maintain current W9 / W8 federal forms & current COI's with C2CIT main office at all times. If TECH undergoes a change in TIN or Federal filing status, they agree to notify C2CIT in writing within a reasonable time frame or as indicated by state/federal law. If TECH has a change to their ownership, contact information, or insurance policy, they agree to notify C2CIT in writing within a reasonable time frame or as indicated by state/federal law.

This document does not guarantee TECH any favors or future work nor does it obligate TECH to any future work with C2CIT.

\_\_\_\_\_  
Print Name (Officer or Authorized Rep of Company)

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Signature Date

Clear All Pages

Print Completed Form