



AQC Recommendation Form

AQC Applicant Company:

Primary Contact:

Address:

Phone:

Email:

The company named above is applying for ABC's Accredited Quality Contractor program, and is requesting you complete the form below to serve as a reference on their behalf. Please return the completed form by email to AQC@abc.org or by mail to: Associated Builders & Contractors, Inc. ATTN: AQC Administrator: 440 First St., NW, Suite 200, Washington D.C. 20001. Please do NOT return the form to the company applying for the program. Your responses will be held in strict confidence. For more information about the AQC program, visit www.abc.org/aqc.

1. Are you related or affiliated to the owners of the company or any of its employees? ☐ Yes ☐ No
If yes, STOP. You are not eligible to complete this form. Please contact the applicant.
2. How long has the company been performing work for/with you or your organization?
3. List the type of work the applicant has completed for/with you. Please be detailed.
4. List up to five projects this company has completed for/with you within the past three years. Please be specific and list the name of the project, dollar amount, square footage (if applicable), date of the project, etc. for each.
5. Has this company ever failed to complete a project or job that you are aware of? ☐ Yes ☐ No If yes, please explain.
6. Has this company ever failed to pay for materials, employees or subs that you are aware of? ☐ Yes ☐ No
If yes, please provide details.

7. In your own words, describe this company's overall performance and ability while working together.

8. Would you hire/work with this company again? ☐ Yes ☐ No

9. Please rate your opinion of the company's work performed, based on a sliding scale, with 1 being poor, and 10 being excellent. Please indicate n/a if the question is not applicable. You may use the dropdown menu if completing the form electronically.

a. Schedule difficulty & outcome:	1	2	3	4	5	6	7	8	9	10	n/a
b. Communication and Teamwork:	1	2	3	4	5	6	7	8	9	10	n/a
c. Change Orders:	1	2	3	4	5	6	7	8	9	10	n/a
d. Problem solving:	1	2	3	4	5	6	7	8	9	10	n/a
e. Punchlist timeliness & attention to detail:	1	2	3	4	5	6	7	8	9	10	n/a
f. Overall performance:	1	2	3	4	5	6	7	8	9	10	n/a

10. Please provide any additional comments you feel will assist in the application process.

Completed by:

Name _____

Title _____

Company _____

Signature _____

Date _____

Phone Number _____

E-mail _____

*Please return the completed form by email to AQC@abc.org or by mail to:
ATTN: AQC Administrator
Associated Builders & Contractors, Inc.
440 First St., NW, Suite 200,
Washington D.C. 20001*

