



BUILDER REFERRAL INFORMATION

To the Professional:	To the Homeowner:
<p>By completing this form you are asking for references for work you represent yourself to be qualified to perform. Your completion of this form will provide homeowners with information about yourself. It may open the door for you to sell your abilities.</p>	<p>You have asked us to refer professionals for a project you are contemplating. The information on this form has been provided by a customer of our company. It is up to you to contact the professional and the references provided by the professional in making your decision. We do not track or warrant the work of any professionals, but we welcome your feedback on the success of this referral.</p>

PART A: If you are an experienced "General Contractor" Check all boxes that apply

<p><u>New Residential Construction</u></p> <p>A <input type="checkbox"/> <\$100,000</p> <p>B <input type="checkbox"/> \$100,000 - \$199,999</p> <p>C <input type="checkbox"/> \$200,000 - \$299,999</p> <p>D <input type="checkbox"/> \$300,000 and up</p>	<p><u>Remodel</u></p> <p>A <input type="checkbox"/> Large, full scale remodel (2+ rooms)</p> <p>B <input type="checkbox"/> Small remodel (1 room)</p> <p><input type="checkbox"/> <u>Light Commercial Gen Contractor</u></p>
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PART B: If you are an experienced "Craftsman" Check all boxes that apply

<p><u>Drywall</u></p> <p>A <input type="checkbox"/> Large Job (entire room or house)</p> <p>B <input type="checkbox"/> Small Job (drywall repair(s))</p> <p><u>Framing</u></p> <p>A <input type="checkbox"/> Large, full scale framing job (2+ rooms)</p> <p>B <input type="checkbox"/> Small scale framing job (involving 1 room)</p>	<p><u>Roofing</u></p> <p>A <input type="checkbox"/> Large Job (replace roof)</p> <p>B <input type="checkbox"/> Small Job (repair part of roof)</p> <p><u>Siding</u></p> <p>A <input type="checkbox"/> Large Job (replace siding on house)</p> <p>B <input type="checkbox"/> Small Job (repair part of siding)</p>	
<p><input type="checkbox"/> Deck Building</p> <p><input type="checkbox"/> Door Installs</p>	<p><input type="checkbox"/> Finish Carpentry</p> <p><input type="checkbox"/> Handyman / Small Odd Jobs</p>	<p><input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Window Installs</p>

PART C: Please complete all information about yourself

Your Name or Business Name: _____ Bus Ph: _____

Business Address: _____ Cell Ph: _____

City: _____ Sta ID Zip: _____ E-Mail: _____ Fax No: _____

Member of BCA Yes No Professional Associations you _____

Member of NARI Yes No belong to: _____

Year business started: _____ Date this form completed: _____

How far are you willing to travel to do work? _____ Miles Dat _____

PART D: List as many references as possible

	<u>NAME</u>	<u>TYPE OF PROJECT</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____