



# CERTIFIED PROFESSIONAL GRADE PROGRAM

## APPLICATION CHECK LIST

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- 1** Member of the African American Chamber of Commerce
- 2** Service Provider has received a copy of the current Evaluation Policy (DRAFT)
- 3** Service Provider has received a copy of the current Customer Evaluation Form
- 4** Attached: Completed Service Provider Application
- 5** Attached: Copy of current Contractor License to do business as a Contractor, if applicable.
- 6** Insurance provider should fax, mail or email a current copy of the contractor's Insurance coverage. This should include: General Liability and Workers Compensation.
- 7** Service Provider has included a written statement requesting to join the Certified Program Grade Program.
- 8** Service Provider has included written letters of reference from past clients.
- 9** Explanation of any current our outstanding litigation related to the business.<sup>1</sup>
- 10** Explanation for any pending, outstanding Judgments or Tax Liens<sup>2</sup> against the business or a primary owner.
- 11** Checklist submitted with application
- 12** Other (TBD)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<sup>1</sup> Please provide your explanation of any outstanding litigation brought by you or your firm, or any against you by a client.

<sup>2</sup> Please provide an explanation of any pending or outstanding judgments or tax liens against your current business.