



IEC Chesapeake

**INDEPENDENT ELECTRICAL CONTRACTORS – CHESAPEAKE**

**P. O. Box 147 Odenton, MD 21113**

**Phone: 301 621-9545 ♦ Fax: 301 912-1665 ♦ Website: www.iec-chesapeake.com**

**CONTRACTOR MEMBERSHIP INFORMATION UPDATE**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web site: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**A. Type of Work by Percentage:**

Residential	_____ %	Utility	_____ %
Commercial	_____ %	Highway	_____ %
Institutional	_____ %	High Voltage	_____ %
Light Industrial	_____ %	Heavy Indust.	_____ %
Any Other	_____ %	Any Other	_____ %

**B. Do you use computers for your business? YES NO (Circle One)**

**C. Do You Have a Modem? YES NO (Circle One) Type of word processing**

Program (s) used: \_\_\_\_\_

**D. Do you use software to estimate? List type: \_\_\_\_\_**

**E. Which areas do you conduct business in? (Please check all that apply)**

Southern MD \_\_\_\_\_ Central MD \_\_\_\_\_ Eastern MD \_\_\_\_\_ Western, MD \_\_\_\_\_  
 Central VA \_\_\_\_\_ Northern, VA \_\_\_\_\_ Delaware \_\_\_\_\_  
 Washington, DC \_\_\_\_\_ Other: \_\_\_\_\_

**F. Do You offer the following to your employees: YES NO**

Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing	<input type="checkbox"/>	<input type="checkbox"/>
Educational Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Mileage Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Communications Reimbursement (Cell Phones, Beepers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**G. Is your company in compliance with the new 2002 OSHA requirements? YES NO**



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H. Does your company have a Safety Program? YES NO (Circle One)

If yes, is it in-house or outsourced? \_\_\_\_\_

I. Do you employ a Safety Director? YES NO (Circle One)

J. Would you be interested in participating in an IEC Safety Committee? YES NO

K. Do you have a pre-employment drug screening process? YES NO (Circle One)

L. Do you do random drug testing? YES NO (Circle One)

M. List three most important business concerns: (Prioritize)

- A.
B.
C.

N. What new services should the Association offer?

- A.
B.
C.

O. IEC Chesapeake strives to have the best contractor-driven association in the region. We encourage each of you to participate on one of the committees listed. Please check the committee you would like to serve on:

- Governmental Affairs Committee
Apprenticeship Committee
Events Committee
Membership Committee
Continuing Education Committee
Safety Committee

P. Have you been receiving publications from IEC National? YES NO (Circle One) (ie: safety manual, bi-weekly faxes, quarterly magazine, etc.)

Q. List any additional contacts that we should add to our IEC Chesapeake publication/correspondence mailing list: (please use additional paper if necessary)

Name: Address: \_\_\_\_\_

Ph: # Fax # E-mail: \_\_\_\_\_

Person completing update form: Signature Title \_\_\_\_\_



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### OPTIONAL INFORMATION

The information provided will be held in strict confidence by your association. Members completing this form will have access to the information obtained. We encourage each of you to help attract industry partners by providing this information.

Are there individual jurisdictions or counties where you need additional support on code related or licensing matters, etc. \_\_\_\_\_ Please identify: \_\_\_\_\_

Please check the following:	YES	NO
Willingness to joint venture with IEC members	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to subcontract from IEC member	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to provide labor to IEC members	<input type="checkbox"/>	<input type="checkbox"/>
Do you rent equipment out such as trenchers, bucket or line trucks?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list type: _____		

Type of products purchased (check all that apply)

Switch Gear/Panels	Cutler Hammer __ G.E. __ Square D __ Siemens/ITE __ Challenger __
Boxes	Carlson __ Steel City __ Raco __ Hoffman __ Hubbell __
Fixtures	Progress __ Lightolier __ Mobern __ Seagull __ Lithonia __ G.E. __
Payroll Services	In House __ ADP __ Other _____
Fire Alarm	Edwards __ Firelite __ Simplex __ Pyrotonics __ Notifier __
Autos	Chevy __ Ford __ Dodge __ Toyota __ Other _____
Devices	Leviton __ P & S __ Hubbell __ G.E. __ Other _____
Test Equipment	Fluke __ Amprobe __ Klein __ Ideal __ Other _____
Tools	Greenlee __ Klein __ Stanley __ Knaack __ Milwaukee __ Hilti __ O.T. Hall/Ideal __
Lamps	G.E. __ Phillips __ Westinghouse __ Others _____
Generators	Gererac __ Katolight __ Other _____
Electrical Suppliers:	Rexel __ Tristate __ Y.E.S. __ Dominion __ Maurice __ United __ Wesco __ Graybar __ Capital Lighting __ Others: _____
Insurance	CNA __ Selective __ Nationwide __ State Farm __ List others _____