



IEC Chesapeake

INDEPENDENT ELECTRICAL CONTRACTORS – CHESAPEAKE

P. O. Box 147 Odenton, MD 21113

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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 Carlon ___ 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 _____