**ISAPE Contractor Application**

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|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Address:** |  | **Address 2:** |  |
| **State****Landline** |  | **Zip****Email:** |  |
|  |  |  |  |
| **Mobile Phone:** |  | **Website:** |  |
| **Business Phone:** |  | **Fax Line:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Availability:** |    |   |    |
| **Full Time:** |  | **I currently perform inspections full time, and am looking for additional work** |
| **Part Time:** |  | **I have a separate full time job, I am looking for parttime work to supplement my income** |
|   |    |   |    |
| **Do you have:**  |   | **Proficiency** |
|   | **Personal Computer** | **YesNo** | **NoviceMedExpert** |
|   | **Digital Camera** | **YesNo** | **NoviceMedExpert** |
|   | **Highspeed Internet** | **YesNo** |   |
|   |    |   |   |
| **How long have you been using a computer for business purposes?** |
|  |   |   |
| **Type of inspections you have experience performing:** |
|   | **Mortgage/ForeclosureDetailed Home InspectionsInsurance/Loss Control** |   |
| **Specific type of risks you have inspected:** | **Dwellings** | **Apartment Complex**  |
|   |    | **Restaurant** | **Hotel, Motel, Hospitality** |
|   |    | **Retail** | **Office Buildings** |
|   |    |   | **Garage Liability** |
|   |    |   |    |
| **Do you know how to measure a building and calculate the estimated square footage?**  |
|   |    |   |    |
| **What do you use to measure a building?** |    |
|   |  |
| **Do you have reliable transportation?** |    |
|   |    |  |
| **How important do you feel communication is?** |    |
|   |    |  |
| **How important do you feel time service is?** |    |
|   |  |
|  |  |
| **What, if any, type of training/knowledge do you have in construction types?** |
|  |  |
| **Please list counties you can service:** |
|  |
| **Comments, etc:** |
|  |  |

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