



BARREN COUNTY CONTRACTORS ASSOCIATION

CONTRACTORS MEMBERSHIP APPLICATION

General Contractor \$125

- Pulls permits for building or remodeling
- Construction Management
- Has two subcontractors or more per project

Specialty Contractor \$125 + \$10 for each additional trade offered

- Specializes in a particular trade
- Maximum of one subcontractor per project

Member Requirements

- Complete Contractors License Application Form
- Provide Certificate of Insurance showing proof of a minimum of \$100,000 General Liability and Workers Comp coverage (if there are no employees ask for Affidavit of Exemption form)
- Pay the required fee by cash or check made payable to the Barren County Contractors Association

ATTENTION

The fees for the BCCA Contractors are **NON-REFUNDABLE**. Should you be unable to perform work as a General or Specialty Contractor in Barren County as anticipated or otherwise cease doing business, you will not be entitled to a refund of any portion of your license fee. In addition to the BCCA there may be other local, state or federal regulations governing your trade or specialty. The BCCA Board does not warrant that you are otherwise qualified to perform your trade or specialty by the issuance of a license. **Any change in ownership nullifies licenses and shall require a new application to be submitted.**



BARREN COUNTY CONTRACTORS ASSOCIATION MEMBERSHIP APPLICATION FORM

GENERAL CONTRACTOR

SPECIALTY CONTRACTOR

COMPANY NAME _____

SOLE PROPRIETORSHIP

PARTNERSHIP

LLC

CORPORATION

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

OWNER/PARTNER/CORP OFFICER _____

MAILING ADDRESS _____

STREET

CITY

STATE

ZIP

STREET ADDRESS _____

STREET

CITY

STATE

ZIP

BUS. PHONE _____ CELL _____

FAX _____ E-MAIL _____

FEDERAL TAX ID # _____

STATE LICENSE NUMBERS (IF APPLICABLE):

KY ELEC MASTER # _____

EXPIRATION DATE _____

KY ELEC CONTRACTOR # _____

EXPIRATION DATE _____

KY PLUMBING MASTER # _____

EXPIRATION DATE _____

KY HVAC MASTER # _____

EXPIRATION DATE _____

KY FIRE PROTECTION # _____

EXPIRATION DATE _____

A Certificate of Liability Insurance must accompany the completed application. Workers Compensation Insurance must be listed on the certificate covering any and all employees.



BARREN COUNTY CONTRACTORS ASSOCIATION

TRADE IDENTIFICATION

- | | |
|---|--|
| <input type="checkbox"/> ASBESTOS / LEAD ABATEMENT | <input type="checkbox"/> LANDSCAPING |
| <input type="checkbox"/> AUDIO/VIDEO HOME THEATER | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> AWNINGS, DOORS & WINDOWS | <input type="checkbox"/> MECHANICAL PIPING |
| <input type="checkbox"/> CABINET INSTALLATION | <input type="checkbox"/> PAINTER |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> PAVING & SURFACING |
| <input type="checkbox"/> TILE | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> CLEANING SERVICE – NEW CONST | <input type="checkbox"/> POOL CONTRACTOR |
| <input type="checkbox"/> CONCRETE | <input type="checkbox"/> PRESSURE WASHING |
| <input type="checkbox"/> CONVEYING SYSTEMS | <input type="checkbox"/> REFRIGERATION |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> RESTORATION |
| <input type="checkbox"/> DRYWALLING / PLASTERING | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> DRYVIT / STUCCO | <input type="checkbox"/> SEALING & STRIPING |
| <input type="checkbox"/> ELECTRICIAN | <input type="checkbox"/> SECURITY SYSTEM |
| <input type="checkbox"/> EXCAVATION | <input type="checkbox"/> SEPTIC SYSTEM |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> SHEET METAL / METAL FAB |
| <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> SIDING |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> SIGNS |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> STEEL ERECTION / BLDG |
| <input type="checkbox"/> GLASS & GLAZING | <input type="checkbox"/> WALL COVERINGS |
| <input type="checkbox"/> GUTTER INSTALLATION | <input type="checkbox"/> WASTEWATER DISPOSAL |
| <input type="checkbox"/> HANDYMAN | <input type="checkbox"/> PORTABLE TOILETS |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> WELDING |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> OTHER _____ |

The undersigned does hereby certify the accuracy of the submitted information:

Signature: **X** _____ Company Name: _____

Date: _____

License Number: _____ Valid From _____ To _____

Approved: _____ Fee Collected: _____

Date Received: _____ Check No: _____

AFFIDAVIT OF EXEMPTION FROM THE
KENTUCKY WORKERS' COMPENSATION ACT
(Individual)

Applicant, pursuant to KRS 342. 610 (5), hereby declares exemption from the requirement to obtain workers' compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

Full name of Applicant _____

Home address _____ Phone No. _____

FEIN or SSN _____ Average No. of Employees _____

The foregoing is true and correct as I verily believe and swear.

Applicant/or authorized agent

State of Kentucky Labor Cabinet
County of _____

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by _____, this _____ day of _____, 20__.

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20__.

Instructions

This original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 500 Mero Street, 3rd Floor, Frankfort, KY 40601 (1-800-554-8601).

A copy of this Affidavit is to be kept on file with the local office, which issues the building permit.

Notice of Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030), under the laws of the Commonwealth.