CONTRACTOR REGISTRATION FORM

FORM 2 – CATEGORY B

Form must be completed by applicant whether Company or Incorporation

SECTION 1: Letter of Application

Name of Company/Incorporation: _____

To - Chief Executive Officer

Ministry of Works, Transport & Infrastructure

Building Regulatory Division

T.A.T.T.E Building

Sogi

Application for Contractor Registration

Dear Sir/Madam

I hereby apply to register our Building Construction Company at your Ministry under **Category B or Low risk government projects value between ST$500,000.00 and ST$1,500,000.00**

I understand the duty of all building contractors to comply with all ordinances of the MWTI relating to the construction of buildings or other structures, and all laws or ordinances pertaining to your regulation of activities in which they are engaged. Every building contractor shall be responsible for compliance with the requirements of the National Building Code of Samoa 2017 and Part IV of Ministry of Works Act 2002.

Ma le fa'aāloālo tele

Full Name :_____

Designation :_____

Signature :_____

SECTION 2: Company or Incorporation Details

Company or Incorporation Name	
Physical Address	
Phone	
E-mail	
Years of Building Constructions	

SECTION 3: Company or Incorporation Directors (Minimum of 2 Directors)

Full Name	*(As registered with MCIL, if applicable)*
Designation	
Highest Qualification	
Phone	
E-mail	
Signature	
Full Name	
Designation	
Highest Qualification	
Phone	
E-mail	
Signature	

SECTION 4: Key Personnel (Minimum qualifications for #1-3 – Bachelor Degree and minimum qualifications for # 4-7 – Certificate III)

(Provide copies of updated CVs, Qualifications, References and Licenses)

1. □Architect □Engineer	
Full Name	
Highest Qualification	
Years of Experience	
Signature	
2.Project Manager	
Full Name	
Highest Qualification	
Years of Experience	
Signature	
3.Site Manager	
Full Name	
Highest Qualification	
Years of Experience	
Signature	
4.Foreman	
Full Name	
Highest Qualification	
Years of Experience	
Signature	

5.Builder	
Full Name	
Highest Qualification	
Years of Experience	
Signature	
6.Plumber	
Full Name	
Highest Qualification	
Years of Experience	
Signature	
7.Electrician	
Full Name	
Highest Qualification	
Valid EPC License	Y ☐ N ☐ *(Acceptable License Grade – A&B)*
Years of Experience	
Signature	

SECTION 5: Company or Incorporation Construction History

List of General Construction Works

Last 5 years	*Descriptions (5 major projects including total value ($))* *Range project values from the highest to the lowest*
Year: _____	***Project name:***
	Project value ($):
Year: _____	***Project name:***
	Project value ($):
Year: _____	***Project name:***
	Project value ($):
Year: _____	***Project name:***
	Project value ($):
Year: _____	***Project name:***
	Project value ($):

List of Current Works

Starting Month Year	*Ending Month Year*	*Project Total Value ($)*	*Descriptions of Construction Works*	*Contractor Role*
1.			***Project name:***	
2.			***Project name:***	
3.			***Project name:***	
4.			***Project name:***	
5.			***Project name:***	

SECTION 6: List of equipment, machinery and plant available.

Tools	Machineries

SECTION 7: Company or Incorporation Business Certificates

(Attach the following to the application)

Must provide:

1. **Certificate of Incorporation (From the Ministry of Commerce, Industry and Labour).**

2. **Current Business License for the year of registration to carry out "Construction of Buildings" (From the Ministry of Revenue).**

SECTION 8: Financial Audited Report and Financial Statements

(Attach the following to the application)

1. **2 Years audited financial reports**

2. **Statement of financial position from the bank**

SECTION 9: Average Annual Construction Turnover

Annual turnover data for the last 3 years			
Year	**Amount Currency**	**Exchange Rate**	**ST$ Equivalent**
	Average Annual Construction Turnover		

SECTION 10: Certification and Authorization

I hereby certify that the information provided in this application is true and correct. I acknowledge that my registration will be revoked if this application is approved on the basis of any false information that I provided. I also authorize the Ministry to undertake all necessary checks to confirm the information provided by our Company or Incorporation.

Signature:	***Date:***