



Partnership Application

Date of Request ____ / ____ / ____

YOUR ORGANIZATION'S INFORMATION

Company:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	(____) ____ - ____	Fax:	(____) ____ - ____
# of Employees:	_____		

YOUR CONTACT INFORMATION

Name:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	(____) ____ - ____	Fax:	(____) ____ - ____
E-Mail Address:	_____		

CURRENT OR PREVIOUS N.C. DEPARTMENT OF LABOR (NCDOL) RELATIONSHIPS

Have you ever been in or are you currently in a partnership with NCDOL?
☐ Yes ☐ No
If yes, date(s) and name of project(s).

Have you ever been in or are you currently in a Building Star program with NCDOL?
☐ Yes ☐ No
If yes, is the proposed project a Building Star site?
☐ Yes ☐ No
Name of project(s)

GENERAL CONTRACTOR PROJECT INFORMATION

Is this a joint venture? ☐ Yes ☐ No
If yes, provide names of all general contractors

PROJECT INFORMATION

Proposed partnership location	
Describe project: (including type, size, etc.)	
What kind of commitment do you have from upper management and all other interested parties?	
Length of proposed project:	
Expected start date:	____ / ____ / ____
Expected completion date:	____ / ____ / ____
Number of subcontractors:	
Number of employees expected on this site:	
Owner Controlled Insurance Program (OCIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor Controlled Insurance Program (CCIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be a full-time safety person on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHAT ARE YOU HOPING TO GAIN FROM A PARTNERSHIP WITH NCDOL?

WHAT BENEFITS WILL YOU BE ABLE TO PROVIDE TO NCDOL?

USING YOUR OSHA 300 LOGS, COMPLETE THE FOLLOWING BLOCKS FOR THE LAST FIVE YEARS FOR EACH GENERAL CONTRACTOR INVOLVED IN THIS PARTNERSHIP.

Year	G	H	I	J	K	L	M1	M2	M3	M4	M5	M6

General Contractor: _____ Date: _____

Year	G	H	I	J	K	L	M1	M2	M3	M4	M5	M6

General Contractor: _____ Date: _____

Year	G	H	I	J	K	L	M1	M2	M3	M4	M5	M6

General Contractor: _____ Date: _____

☐ By checking this box, I certify that all the above information is accurate.
You may use the submit button below or complete the form and use the fax cover sheet provided.



Partnership Application Fax Cover Sheet

To: Laura Crawford

Fax: 704-665-4342

From: _____

Fax: (____) - ____ - _____

Phone: (____) - ____ - _____

Pages: ____ of ____

Comments: