



Wisconsin  
Safety  
Excellence



# APPLICATION FORM

**Send completed Application and Qualification checklist to:  
AGC OF WISCONSIN 4814 E. BROADWAY, MADISON, WI 53716  
Questions? Contact Brent Miller, [brentm@agcwi.org](mailto:brentm@agcwi.org) 608.221.3821**

**Applying for:**     LEVEL I                       LEVEL II                       LEVEL III                      APPLICATION FEE: \$250

Membership Type:     General Contractor                       Specialty (Subcontractor)                      **Annual fee to be invoice pro-rated Nov. 1<sup>st</sup> – Oct. 31<sup>st</sup>**

Date of Application: \_\_\_\_\_ | Select One:     New Applicant                       Renewal

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Principal/Owner: \_\_\_\_\_ Company Safety Contact: \_\_\_\_\_

Company Contact to coordinate program and jobsite audits for evaluation completion

Contact Phone Number: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

***I hereby certify that all information provided within this application is accurate.***  
Person completing this application:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If you have any questions regarding this application, or this AGC Safety Program process, please contact the AGC Safety Director at 608-221-3821

AGC Use Only	Insert Date Completed: _____				
Application	Checklist	Program Audit	Jobsite Audit	Attained Level I. <input type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/>	AGC Note
Congrats Letter	Plaque/Certificate	Decals	Banner		