

Contracting Business

A PENTON PUBLICATION

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YOU MUST CHECK EITHER CONTRACTOR OR NOT A CONTRACTOR, THEN ANSWER QUESTIONS THAT FOLLOW.

MY FIRMS' BUSINESS ACTIVITY IS: CONTRACTOR

(Check here if you **ARE** a contractor and answer questions A-G below only)

- A. Which of the following types of work, if any, does your firm perform?**
(Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> (01) Air Conditioning/Ventilation | <input type="checkbox"/> (08) Ice Makers |
| <input type="checkbox"/> (02) Refrigeration | <input type="checkbox"/> (16) Building Systems Controls |
| <input type="checkbox"/> (04) Warm Air Heating | <input type="checkbox"/> (32) Service |
| <input type="checkbox"/> (08) Electrical | <input type="checkbox"/> (01) Glass Fiber Duct Fab. |
| <input type="checkbox"/> (16) Hydronic (Wet) Heating | <input type="checkbox"/> (02) Sprinkler/Fire Protection Systems |
| <input type="checkbox"/> (32) Sheet Metal Fab. | <input type="checkbox"/> (04) Energy Management |
| <input type="checkbox"/> (01) Airhandling | <input type="checkbox"/> (00) None of the above |
| <input type="checkbox"/> (02) Plumbing | |
| <input type="checkbox"/> (04) Piping | |
- B. Number of people we employ at this location (annual average, including myself):**
- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> (1) 1-3 | <input type="checkbox"/> (3) 8-19 | <input type="checkbox"/> (5) 50-99 |
| <input type="checkbox"/> (2) 4-7 | <input type="checkbox"/> (4) 20-49 | <input type="checkbox"/> (6) 100+ |
- C. In which of the following activities, if any, is your firm engaged?** (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> (01) New Construction | <input type="checkbox"/> (08) Service |
| <input type="checkbox"/> (02) Modernization/Alteration | <input type="checkbox"/> (16) Design/Build Contracting |
| <input type="checkbox"/> (04) Repair, Replacement | <input type="checkbox"/> (00) None of the Above |
- D. In which of the following areas is your firm engaged?** (Check all that apply)
- | |
|---|
| <input type="checkbox"/> (01) Residential (1-3 Units, Apartments, Houses) |
| <input type="checkbox"/> (02) Residential (4 or more Units, Apartments) |
| <input type="checkbox"/> (04) Commercial/Institutional |
| <input type="checkbox"/> (08) Industrial |
| <input type="checkbox"/> (00) None of the above |

- E. Does your firm provide design/engineering services for commercial, institutional or industrial buildings?** YES NO
- F. Do you personally specify, design, recommend or buy products for mechanical systems?** YES NO
- G. My job function is** (Check all that apply):
- | | |
|--|---|
| <input type="checkbox"/> (01) Corporate Management | <input type="checkbox"/> (08) Service/Technical |
| <input type="checkbox"/> (02) Project Management | <input type="checkbox"/> (16) Sales |
| <input type="checkbox"/> (04) Mechanical Engineering | <input type="checkbox"/> (00) None of the Above |

NOT A CONTRACTOR

(Check here if you **ARE NOT** a contractor and answer question below)

NOT A CONTRACTOR, WE ARE:

- A.** (04) Wholesaler/Distributor
- B.** (05) Manufacturers' Representative
- C. Organizations which maintain/operate the Mechanical Systems or Equipment in:**
- (07) Industrial Buildings (Manufacturing or Processing)
 - (02) Commercial/Institutional Buildings (Supermarkets, Governmental, Non-manufacturing, etc.)
- D.** Other (Describe) _____