

ST. AUGUSTINE MARINE CENTER

INDEPENDENT CONTRACTOR REGISTRATION REQUEST FORM

Independent Contractors wishing to perform services at Saint Augustine Marine Center are required to submit this application form with proof of insurance, any licenses/certificates, and applicable fees for approval prior to performing any work. Registration shall remain valid for 12 months unless terminated sooner due to lapse in insurance coverage or other cause. Registration is not valid until signed by Management.

Instructions for Completing Form:

1. Complete entire form legibly in **black** or **blue** ink. Form may be typed or handwritten.
2. Check applicable boxes and sign where indicated.
3. Attach evidence of insurance coverage naming each of the following related entities as additional insured where applicable. See below insurance coverage requirements.
 - a. WINDWARD MARINA ST. AUGUSTINE SERVICES, LLC (d/b/a: St Augustine Marine Center);
 - b. WINDWARD MARINA ST. AUGUSTINE NORTH, LLC;
 - c. WINDWARD MARINA ST. AUGUSTINE SOUTH, LLC;
 - d. WINDWARD MARINA ST. AUGUSTINE HOLDINGS, LLC;
 - e. WINDWARD MARINA GROUP, LLC;
 - f. WINDWARD TRUST MANAGEMENT COMPANY, LLC.
4. Attach any licenses or certifications applicable to trade or services to be offered. *(Note: licenses/certificates are not required to be approved by Yard Management, but will be made available to prospective customers).*
5. Submit completed form and processing fee to St Augustine Marine Center, 404 Riberia Street, St. Augustine, FL 32084.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

BUSINESS INFORMATION

Legal Name of Business: _____
 Street Address: _____
 Mailing Address: _____
 City: _____
 State: _____
 ZIP: _____
 Business Phone: _____
 Emergency Phone: _____

OWNER INFORMATION

Business Owner Name: _____
 Street Address: _____
 City: _____
 State: _____
 ZIP: _____
 Phone: _____
 Emergency Phone: _____

Services Provided: (List all)

- | | | | |
|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Paint/Finish | <input type="checkbox"/> Propulsion | <input type="checkbox"/> AC/DC Electrical | <input type="checkbox"/> Carpentry/Joinery |
| <input type="checkbox"/> Composites | <input type="checkbox"/> Rigging | <input type="checkbox"/> Marine Electronics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pipe Fitting | <input type="checkbox"/> Clean/Detail | <input type="checkbox"/> Metal Fabrication | <input type="checkbox"/> Other: _____ |

REFERENCES:

Provide names and contact information for at least three (3) individuals familiar with the quality of your work.

REFERENCE NO. 1:

Name: _____
Street Address: _____
City: _____
State: _____
ZIP: _____
Phone: _____
E-mail: _____

REFERENCE NO. 2:

Name: _____
Street Address: _____
City: _____
State: _____
ZIP: _____
Phone: _____
E-mail: _____

REFERENCE NO. 3:

Name: _____
Street Address: _____
City: _____
State: _____
ZIP: _____
Phone: _____
E-mail: _____

REFERENCE NO. 4:

Name: _____
Street Address: _____
City: _____
State: _____
ZIP: _____
Phone: _____
E-mail: _____

LICENSES/ CERTIFICATES HELD:

List any licenses or certificates applicable to the services you perform. Include the license/certificate number and expiration date.

License Type: _____

License No.: _____ Expiration Date: _____

License Type: _____

License No.: _____ Expiration Date: _____

License Type: _____

License No.: _____ Expiration Date: _____

I certify under penalty of perjury that the information provided herein and included in any attachments is truthful and accurate to the best of my knowledge. By signing and submitting this form, I authorize the St. Augustine Marine Center to check references, and to validate licenses and certificates claimed. I understand that receiving approval to perform work in the Boatyard is at the sole discretion of the St. Augustine Marine Center and is subject to maintaining required insurance coverages and to performing work in accordance with the rules published by the Management as amended from time to time. I hereby waive any claims for damages arising as a result of performing any work in the Boatyard, and for any damages arising due to expiration or cancellation of any approval by the St. Augustine Marine Center, and agree to hold harmless the St. Augustine Marine Center, its related entities, employees and agents. I acknowledge that the St. Augustine Marine Center is not a third party in any contract between the service provider and Boatyard customer, nor will it act as a mediator to resolve disputes.

Print Name	Date
Applicant Signature	

Fees Paid

SAMC OFFICE USE ONLY

Approved By: _____

Approved Date: _____

Expiration Date: _____