



Technician Application

The following questionnaire / information document has been compiled as a means for LV Tech LLC to properly analyze the qualifications and viability of the vendor listed herein below for approval as an approved service tech vendor (hereinafter referred to as the Service Tech) for the components of the various systems which are included in the Client Maintenance Agreement. This questionnaire has been compiled to fit all conditions and systems for all level of properties regardless of it size and location. Therefore, there may be some (numerous) line items which are not applicable to your specific business entity. We ask all parties involved in the completion of this questionnaire to fill this out in its entirety and put either -0- or NOT APPLICABLE where the line item does not pertain to the property in question. Please note the importance of providing accurate information, as this will affect our ability to provide the best possible pricing for this agreement.

COMPANY DESCRIPTION

1. Name of business _____
2. Business address _____
3. Mailing address if different than the corporate mailing address _____

1. Business phone number _____ Fax Number _____
2. Name and contact info for (Please include email address and afterhours phone contact for one individual.
 - a. Owner(s) / Operations Manager _____
 - b. Project Manager (if applicable) _____
 - c. IT Manager (if applicable) _____
3. Total Number of employees _____
4. Number of service techs on staff _____
5. Business web site _____
6. Please provide a brief description of the scope of work of the company named herein:

7. Provide a description of the geographical territory your company can provide service to. Please provide any exclusions as it relates to your ability to provide 24 / 7 coverage. _____

8. Brief Company History



9. Name of General Liability Insurance Carrier

10. Name of Insurance Agent

11. Address and phone number of Ins Agent

12. Insurance Agent Email Address

13. Limits of insurance Coverage

14. Labor rates: Normal Business Hours

Overtime

Travel Range

Per diem rates (if applicable)

SYSTEMS

PHONE SYSTEM CERTIFICATIONS (Manufacturers certifications and number of techs for each brand)

CAMERA SYSTEMS

1. MANUFACTURERS / BRANDS your techs are certified on or have worked on as a normal course of events

2. _____ NVR (brand)

3. _____ Cameras (Interior) - Dome _____ Bullet _____

4. _____ Cameras (Exterior) - Dome _____ Bullet _____

5. _____ Alarms (please describe miscellaneous equipment your company has serviced _____

6. _____ Analog IP (internet) _____

7. _____ Coax cable (jacks) / Cat6 cable (Jacks) _____

8. Please describe any field conditions you are not prepared to service such as heights of brands of equipment your company has never serviced as it relates to surveillance camera systems and camera locations,

9. Schedule of special equipment your company has at its disposal and the associated rates for said equipment,



10. please describe any exclusions and / or exceptions your company takes to the service requirements of L.V. Tech LLC (such as ability to service emergencies and non-normal working hours).

MUSIC SYSTEMS - Brand information

Once the above information and required documents have been submitted to L.V. Tech LLC for review LVT will contact the appropriate person to set up a short interview. Once this is done LVT will notify the Vendor of their approval as a Service Tech Vendor and will receive the appropriate Agreements and App information. At that time the Vendor will be required to provide a list of service techs which will be involved in the Service Maintenance Program. The following information and documents will be required for each Tech.

1. Name, address, phone number and social security number
2. Copy of driver’s license
3. If tech uses his own vehicle or has been provided a company vehicle the license plate and VIN # of said vehicle will be required.
4. Proof of Automobile insurance (Liability).

APPROVAL OF VENDOR

L.V. Tech LLC: BY: _____ DATE: _____

L.V. TECH LLC: BY: _____ DATE: _____

L.V. TECH LLC: BY: _____ DATE: _____

VENDORS DO NOT WRITE IN THIS SPACE APPROVAL COMMEMENTS:

1. _____ Articles of incorporation
2. _____ Certificate of DBA (sole proprietorship only)
3. _____ Certificate of Good Standing from State (Corps only)
4. _____ Proof of insurance (Liability) _____ Workman’s Comp. _____ Automobile
5. _____ Copy contractors license
6. _____ Copy of drivers license for tech’s