

CONTRACTOR QUALIFICATION FORM

Business Name: Vance Strunk Construction Date: 12-03-2020

Name of Principle: Vance Strunk

Mailing Address: 9244 S. 1500 W. West Jordan, UT 84088

Telephone Number: _____ Fax Number: _____

Cell Number: 801-580-2168

Business Email: Vance@strunkinc.com

Contractor License Number & Classification: 6475214-5501 LRF

Federal ID#: 20-8498699

B100, P200, S260,
S370, S350, S410

Circle either Yes or No:

Minority Business Enterprise: YES / NO
Women Business Enterprise: YES / NO

Liability Insurance Agent (Certificate of Insurance must be sent to the ASSIST Inc. office)

Workers Compensation Agent (Certificate of Insurance must be sent to the ASSIST Inc. office)

List of Specialties:

set up and service on manufactured homes -- plumbing,
heating, electrical, misc.

Prior Employer before Licensed? _____

Name three suppliers with whom you have credit (name, address, phone):

- TJT, Inc. 843 N. Washington Ave. 208-365-7292
- Geneva Park 302 W. 5400 S. 866-484-6743
- Lowes 888-840-7651

Name three subcontractors with whom you have dealt (name, address, phone):

- Striking PO BOX 236 W. Jordan 84084 801-440-0419
- Beckler HVAC PO BOX 520430 SLU, 84152 801-414-3319
- Axon 5784 S. Clear Vista Cir, Kearns, 84118 801-702-7653

Name three clients for whom you done work within the last year (name, address, phone):

- IPG Winchester 6424 S. 710 W. Winchester@ipgmhc.com
- Shari Hunsaker 241 E. Vagabond Dr. 801-573-3873
- Brady Cherry 935 E. Hwy 193 Lt 61 301-791-1493