



Community Tourism Agency

SERVICE PROVIDER APPLICATION FORM

The Community Tourism Agency seeks to engage suitable and competent Service Providers to provide Operational Support Services to our valued Clients. Please fill out all applicable information accurately and legibly. The information is required for assessment of all Service Provider Applicants and remains Confidential. Any falsified information will result in an immediate disqualification or opportunity to transact business with the Agency (CTA).

There are 5 Sections in this form.

Section 1 – To be completed by both Independent Service Providers and Business Service Providers

Section 2 - To be completed by Businesses ONLY

Section 3 - To be completed by both Independent Service Providers and Business Service Providers

Section 4 – To be completed by Businesses ONLY

Section 5 – To be completed by Businesses ONLY

Section 6 – To be completed by Independent Service Providers ONLY

SECTION 1: PERSONAL INFORMATION			
(I) CONTACT DETAILS			
First Name:	Middle Name:	Last Name:	
Date of Birth:	National Insurance No.:	Email Address:	
Home Address:	Home Phone No.:	Work Phone No.:	Cell Phone No.:
Are you a citizen of Saint Lucia or CARICOM State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If CARICOM State, please indicate Country.....			
International			
SECTION 2: BUSINESS DETAILS			
Business Name:	Address:	Telephone Number:	Email Address:
		Fax Number:	
Business Website: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state			
(I)REGISTRATION DETAILS: (Please state and tick where applicable)			



Business Registration Number:		
If Incorporated, Date of Incorporation:		Incorporation Number:
(II) SIZE OF BUSINESS CLIENTELE		
Please tick the size of business you are experienced in rendering Services to:		
Small	<input type="checkbox"/>	No more than Fifty (50) Individuals
Medium	<input type="checkbox"/>	No more than One Hundred (100) Individuals
Large	<input type="checkbox"/>	More than One Hundred (100) Individuals
SECTION 3: SERVICES		
SERVICE AREAS (Please select your area/s of expertise and give details)		Give Details
Food and Beverage Services <input type="checkbox"/>		
Architectural Services <input type="checkbox"/>		
Maintenance Services <input type="checkbox"/>		
Interior Design Services <input type="checkbox"/>		
Accounting & Financial Services <input type="checkbox"/>		



Landscaping <input type="checkbox"/>	
Other (Please state) _____	

SECTION 4: INSURANCE, CERTIFICATES, LICENSES DETAILS
(Please fill out each applicable section)

PUBLIC LIABILITY INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer and Policy Number:	
	Amount Covered:	
	Expiry Date:	

LICENSES (required to carry out services) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

CERTIFICATES (required to carry out services) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

SECTION 5: CONTACT PERSON

You are required to nominate a dedicated contact person for your business. The role of the contact person will be to liaise with CTA's Partnership Services Team in relation to enquiries, disputes or complaints that may arise during the course of the provision of Services. Please provide the following information concerning your nominated Contact Person:

Contact Full Name:	
Position:	
Work Phone Number:	
Mobile Phone Number:	
Fax Number:	
Email Address:	

SECTION 6: PROFESSIONAL REFERENCES

Required for Independent Tradesmen

1. Full Name:	Company:
Position:	Contact #:



2. Full Name:	Company:
Position:	Contact #:

Acknowledgment and Signature

I hereby certify that the above information contained in this Service Provider’s Application is true and correct. I understand that the above information will be utilized by the Community Tourism Agency in its evaluation of my application in becoming a Community Tourism Service Provider. I understand that acceptance of my application does not qualify me as an official Service Provider. This will **ONLY** occur upon execution of a signed **Service Provider’s Agreement**.

Any Contract Service Provider Application Form found to contain material that is untrue, incomplete and inaccurate or misleading will not be considered.

I further understand that if the Community Tourism Agency decides to proceed with my application, a Service Provider Non-Disclosure Document will be provided, prior to the execution of any legally binding agreement.

Company’s Name: _____

Applicant’s Name: _____

Applicants Signature: _____

Date: _____