

QUALIFIED Remodeler

BEST PRACTICES, PRODUCTS & DESIGN IDEAS

Name (Print) _____

Title _____

Company _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

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When available, would you prefer to receive your copy of *QUALIFIED REMODELER* digitally?

Yes No

2. What is your company's primary business at this location: (Fill in **ONLY** one)

- 01. BOTH Residential AND Commercial Remodeling Contractor
- 02. Residential Remodeling Contractor ONLY
- 03. Commercial Remodeling Contractor ONLY
- 07. Residential Kitchen & Bath Specialist
- 08. General Contractor Engaged in Residential Remodeling
- 04. Architectural Firm Engaged in Remodeling Activities
- 05. Building Material Retailer Selling & Installing Remodeling
- Other (please specify) _____

3. Please fill in the category which best describes your title:

- A. President, Owner, Partner, CEO
- B. Corporate Executive, Vice Pres., Controller, Treas., Fin. Dir.
- C. Gen. Mgr., Project Mgr., Designer, Constr. Supr, Foreman
- D. Purchasing Dir., Salesperson/Estimator or other manager
- Other Titled Personnel (please describe) _____

4. Indicate your firm's annual installed sales volume (labor, materials, overhead and profit): (REQUIRED)

- G. \$20+million & over
- C. \$1 million-\$2,499,999
- F. \$10 million-\$19,999,999
- B. \$500,000-\$999,999
- E. \$5 million-\$9,999,999
- A. \$500,000 & under
- D. \$2.5 million-\$4,999,999

5. Does your company provide design services? (Select one)

- A. In-house
- B. Out-source
- C. None
- D. Both A. & B.

6. Please fill in the products that you buy/specify for remodeling activities performed by your company: (REQUIRED)

- A. Windows
- B. Doors
- C. Roofing
- D. Siding
- E. Cabinets
- F. Plumbing Fixtures/Faucets
- G. Kitchen Appliances
- H. Locksets/Hardware
- I. HVAC
- J. Floors
- K. Tile
- L. Laminate/Solid Surface
- M. Tub/Shower Surround/Whirlpools
- N. Insulation
- O. Lighting
- P. Fireplaces
- Q. Home Automation
- R. Sunspaces/Sunrooms/Skylights
- T. Garage Doors/Opener
- U. Gutters & Downspouts
- W. Kitchen Sinks
- S. Green/Sustainable Products
- Y. Power Tools/Hand Tools
- Z. Decks
- 2. Trucks/Commercial Vans
- 1. None of the above

7. Which of the following remodeling activities are performed by your company? Fill in all that apply. (REQUIRED)

- A. Room Additions
- B. Kitchens
- C. Baths
- D. Roofing
- E. Siding
- F. Insulation
- G. Lighting/Elec. Work
- H. Drywall
- I. Window Replacement
- J. Door
- K. Flooring
- L. Cabinet Installation
- 1. None of the above

8. Years in business:

- A. Less than 1 year
- B. 1-2 years
- C. 3-5 years
- D. 6-10 years
- E. 11-15 years
- F. 15+ years

9. Other individuals at your location who might benefit from a free subscription:

Name: _____

Title: _____

Name: _____

Title: _____

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