Essential Systems Solutions

Essential Partner Program (EPP) Questionnaire

Please complete and return by e-mail to: EPP@esspos.com

Essential Systems Solutions

4841 International Boulevard, Suite 105

Frederick, MD 21703

Phone: 301-732-5000

Fax: 301-378-2003

The information contained in this document will remain proprietary to Essential Systems Solutions, LLC (Essential). The information you provide will be held in strict confidence and will not, without your prior written consent, be disclosed, duplicated or used, in whole or in part, for any purpose other than evaluation by *Essential*.

After we receive this completed document and you are approved, we will provide you a Contractor Agreement that will provide both of us a detailed account of our expectations and an in-depth description of both party's responsibilities.

Please answer the following questions that are applicable to your business. This application is for information-gathering purposes only and all responses will be considered. A phone interview will follow submission.

COMPANY INFORMATION

Company name: _____

Primary Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office email: _____

Years in Business: _____

DISPATCH INFORMATION/PROCESS

Please detail the dispatch information for normal business hours and after-hours requests:

Primary contact name: _____ Primary contact phone: _____

Primary contact email: _____

Secondary contact name: _____ Secondary contact phone: _____

Secondary contact email: _____

Group contact name: _____ Group contact phone: _____

Group contact email: _____

Fax: _____

Special instructions: _____

SERVICE RATES

Standard hourly rate: _____ After hours/emergency rate: _____

Are there any days/hours you are unable to work? _____

SERVICE AREA/TRAVEL CHARGES

Travel radius: _____ Miles before travel charges are incurred: _____

Please describe the parameters of your service area: _____

_____

_____

TECHNICIANS

Number of technicians: _____

Do you perform background checks on your technicians?_____

Are your technicians bonded? _____

How are your technicians trained? _____

_____

_____

CERTIFICATIONS

Please list certifications or licenses held by technician(s) employed with your company (A+, MCSE, CCNP, Low Voltage, etc).*:

_____

_____

_____

*Please make special note if your company is licensed to pull low voltage permits.

COMPETENCIES

Please check if your company has worked with the following:

Point of Sale Equipment:	_____ Never	_____ Occasionally	_____ 3x or more per month
Data/Network Cabling:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Wireless Drive-Thru Systems:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Printers, Scanners:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Order Confirmation Boards:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Digital Signage:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Hanging Monitors:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
CCTV/DVR Systems:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
IT Routers, Switches:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Servers, Workstations:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Self Service Kiosks:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
WiFi Hotspots:	_____ Never	_____ Occasionally	_____ 3x or More Per Month
Software Migrations:	_____ Never	_____ Occasionally	_____ 3x or More Per Month

TOOLS

Tools marked with an (*) are tools required by ESSENTIAL.

Standard Tool Kit*	_____Own	_____Do not own

Standard tool kit includes drill, screw drivers, pliers, vise grips, crescent wrenches, hole saw, tape measure, hacksaw, claw hammer, steel fish tape, wire strippers, punch down tool for 110 (impact), crimping pliers, socket set, crimp tool (RJ45, RG58/59, fiber optic), coax stripper.

LAN Cable Certifier*	_____Own	_____Do not own

Must have the ability to download, print and email test results

Laptop*:	_____Own	_____Do not own
Cell Phone *:	_____Own	_____Do not own
8' – 12' Ladder *	_____Own	_____Do not own
Volt Meter:	_____Own	_____Do not own
Impedance Meter:	_____Own	_____Do not own
Hammer Drill:	_____Own	_____Do not own

References

REFERENCE #1

Company name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact email: _____ Date project performed: _____

Project description: _____

REFERENCE #2

Company name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact email: _____ Date project performed: _____

Project description: _____

NOTE: **A Certificate of Liability Insurance (COI) listing** <u>**Essential Systems Solutions, LLC**</u> **as the additional insured is required. An updated Certificate of Insurance must be submitted upon expiration for continued eligibility.**

Date: _____

Printed Name: _____

Signature: _____