

	Request for Subcontractors	Origination:	1/15/2016
		Last Revised:	9/17/2025
		Procedure Number:	SAFE 60 SQF
		Document Owner:	H&S Dept

Request for Subcontractors

We understand that our subcontractor, before being allowed to perform work at Company's Facilities, must have; a) acceptable proof of insurance and b) meet American Refining Group's minimum safety training requirements. We request that they be included on American Refining Group's Approved Contractor List as our subcontractor.

Subcontractor's Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City, State, Zip: [Click here to enter text.](#)

Tax I.D. Number: [Click here to enter text.](#)

Phone/Fax: [Click here to enter text.](#)

Contact Name: [Click here to enter text.](#)

Will the subcontractor be working inside the gate? Yes ☐ No ☐

Please give a complete (clear) description of the type of work the Subcontractor performs: [Click here to enter text.](#)

We anticipate that this subcontractor will continue to work for us until [Click here to enter text.](#) (Expiration Date). If the expiration date exceeds more than one year from this date or is defined as "indefinite", we understand that Company may require this information to be confirmed at least annually.

We also understand that American Refining Group reserves the right to audit documentation for any of these requirements.

[Click here to enter text.](#)

Print Name of Officer or Senior Manager

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Signature of Officer or Senior Manager

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Title

[Click here to enter text.](#)

Company's Name

[Click here to enter text.](#)

Company's Address, City, State, Zip code

[Click here to enter text.](#)

Telephone Number

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Send completed forms to:

Purchasing Department

purchasing@amref.com

Tel: 814-368-1278 or 814-368-8754