

TOWN OF
HOUSING REHABILITATION PROGRAM
CONTRACTOR'S APPLICATION

Attachment 7-16

Please include a copy of your current insurance certificate (showing Workman's Comp and Liability if you have employees), a copy of your Contractor's License, a copy of EPA's Lead-Based Paint Renovation, Repair and Painting Program (RRP) Certificate for yourself and all employees, and copies of licenses, insurance certificates and RRP Certificates for all subcontractors. Incomplete applications will not be accepted.

Return all documentation to:

Contractor Information

Name of Company: _____

Owner's Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

CT State License # _____ IRS# _____ SS# _____

How long have you been a licensed contractor? _____

of employees _____ Are you currently involved in any litigation? Yes _____ No _____

Do you comply with a nondiscrimination policy concerning employees & subcontractors? Yes _____

No _____ If no, state why _____

Insurance Information (copy of current Insurance certificate must be attached)

Insurance Company: _____

Phone: _____ Fax: _____

Address: _____

Subcontractor Information

(copies of current insurance certificates and licenses for all subcontractors must be attached)

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Ownership Information Please check where applicable and attach certificate:

_____ Female owned company 51% or more _____ Minority owned company 51% or more

_____ Section 3 Company _____ Small Business Enterprise

Supplier Information

List suppliers name and address from whom you purchase most of your supplies:

Supplier Name: _____

Address: _____

Supplier Name: _____

Address: _____

Supplier Name: _____

Address: _____

References

Experience with Small Cities Programs:

Contact Person: _____ Phone: _____

Program Name: _____

Contact Person: _____ Phone: _____

Program Name: _____

Contact Person: _____ Phone: _____

Program Name: _____

List three most recent jobs completed:

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

I certify that the above information is true and complete.

Signature

Date

Printed Name

