

2018 CONTRACTOR INFORMATION

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tele: _____ Cell Phone: _____

Email: _____

Type of Business (check one):

- Corporation (S-corp, C-corp, LLC) EIN _____ (req'd)
- Sole Proprietorship or DBA
- Other: _____

Number of Years in Business: _____ Number of Employees: _____

Gross Annual Revenues: 2016 \$ _____ 2017 \$ _____

Are you licensed? Yes No
• Attach documentation

Are you insured? Yes No
• Attach documentation

Are you bonded? Yes No
• Attach documentation

Are you Lead Paint certified? Yes No
• Attach documentation

Are you an M/W/VBE? Yes No
• Attach documentation

Please provide a brief overview of your experience and/or qualifications related to your residential work experience:

Indicate the construction services or specialties you/your business provide (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Site Work and/or Landscaping | <input type="checkbox"/> Tree Trimming and/or Tree Removal |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Gen. Property Cleanup and/or Hauling |
| <input type="checkbox"/> Concrete and/or Masonry (Repair) | <input type="checkbox"/> Window and Door Installation/Replacement |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Exterior Siding and/or Trimwork |
| <input type="checkbox"/> Rough Carpentry / Framing | <input type="checkbox"/> Finish Carpentry / Trim / Cabinetry |
| <input type="checkbox"/> Drywall Installation/Finishing | <input type="checkbox"/> Interior or Exterior Painting |
| <input type="checkbox"/> Flooring (carpet, vinyl, tile) | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical / HVAC |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> General Contractor (New Construction) | <input type="checkbox"/> General Contractor (Rehabilitation) |
| <input type="checkbox"/> Residential Construction (NEW) | <input type="checkbox"/> Residential Construction (REHAB/REPAIR) |
| <input type="checkbox"/> Construction Management Services | |

Provide two (2) business-related references:

1. Name: _____
Address: _____ Phone: _____
Relationship of reference (i.e. client, supplier, etc.): _____

2. Name: _____
Address: _____ Phone: _____
Relationship of reference (i.e. client, supplier, etc.): _____

The undersigned acknowledges and agrees the information submitted is true and accurate to the best of his/her knowledge, is authorized to submit the attached information on behalf of the business entity, and is fully informed as to the preparation and contents of this submittal.

Signature

Title

Printed

Date