

# CONTRACTOR APPLICATION



## CUSTOMER INFORMATION

Business Name:

Owner's Name:

Contact Person:

Address (Street, City, Zip):

Business Phone:

Mobile Phone:

Fax Number:

Email:

M/WBE-certified company? YES ☐ NO ☐

Are you AND your company EPA/Lead-certified? YES ☐ NO ☐

How many employees currently work for the company?

How many years has the company been in business?

## TYPES OF WORK PERFORMED BY COMPANY

Roofing YES ☐ NO ☐

Siding YES ☐ NO ☐

Windows YES ☐ NO ☐

Electrical YES ☐ NO ☐

Plumbing YES ☐ NO ☐

HVAC YES ☐ NO ☐

Drywall YES ☐ NO ☐

Interior Painting YES ☐ NO ☐

Exterior Painting YES ☐ NO ☐

Kitchens/Baths YES ☐ NO ☐

Flooring YES ☐ NO ☐

Paving YES ☐ NO ☐

Other:

## REFERENCES *Please provide job references from the last 12 months*

Name	Address	Phone	Job

