



GENERAL CONTRACTOR APPLICATION

The undersigned contracting firm hereby applies to be placed on the "APPROVED CONTRACTORS REGISTER" maintained by the Atlantic County Improvement Authority for the purpose of performing rehabilitation work in the County's Home Rehabilitation Program.

Business Name _____	Contact Name _____
Business Address _____	Contact Cell Phone _____
City, State, Zip _____	Contact Email _____
Business Phone _____	Business Email _____
Business Fax _____	Business Web Page _____
Type of Service Provided _____	Years of Experience _____

OTHER CONTRACTING FIRM NAMES UNDER WHICH THE PRINCIPALS HAVE OPERATED

Business Name _____	Contact Name _____
Business Address _____	Business Email _____
City, State, Zip _____	Business Phone _____

INSURANCE REQUIREMENT

Proof that you have secured and maintain, in your name as the insured, a policy of commercial general liability insurance naming the Atlantic County Improvement Authority as an additional insured.

The contractor, shall at all times during the life of the contract, comply with the Worker's Compensation laws of the State of New Jersey.

Insurance Company: _____ Policy # _____
(please attach)

Do you use Sub-contractors? Yes _____ No _____

If yes, include NJ business registration /license #'s for each
Please list:

1. Name: _____ Specialty _____

NJ business registration /license # _____

2. Name: _____ Specialty _____

NJ business registration /license # _____

3. Name: _____ Specialty _____

NJ business registration /license # _____

4. Name: _____ Specialty _____

NJ business registration /license # _____

➤ Have you ever been debarred from any Federal Programs? Yes _____ No _____

If so, when and through what program? _____

➤ Certification to handle lead paint is required. Please attach your certificate.

<https://www.epa.gov/lead/renovation-repair-and-painting-program-contractors>

➤ Are you or any of your employees related to any County Officials? Yes _____ No _____

If so, provide name of person & relation: _____

STATISTICAL DATA: The following information is required for the Department of Housing and Urban Development reporting purposes only:

Are you a registered MBE/WBE business? Yes _____ No _____

(Minority Business Enterprise/Women Business Enterprise - please provide certification)

Gender: Male owned _____ Female owned _____

Ethnicity: White _____ Hispanic _____ Black _____

Native American _____ Asian/Pacific Islander _____

PROVIDE THREE (3) RECENT CUSTOMERS REFERENCES, WHICH YOU HAVE PROVIDED SERVICES

1. Name _____ Phone _____

Address _____ City, State, Zip _____

Date Service provided _____

Explain Type of Work Provided

2. Name _____ Phone _____
Address _____ City, State, Zip _____
Date Service provided _____

Explain Type of Work Provided _____

3. Name _____ Phone _____
Address _____ City, State, Zip _____
Date Service provided _____

Explain Type of Work Provided _____

PLEASE LIST THE NAME(S) OF YOUR PRESENT SUPPLIER(S):

Name of Supplier _____ Phone _____

How many years have you had credit with this supplier? _____

Name of Supplier _____ Phone _____

How many years have you had credit with this supplier? _____

Name of Supplier _____ Phone _____

How many years have you had credit with this supplier? _____

I certify that the information given is true and complete, and that no unfavorable information has been withheld to the best of my knowledge.

Print name _____ Signature _____

Title _____ Date _____

PLEASE ATTACH:

- A COPY OF YOUR LIABILITY AND WORKMEN'S COMPENSATION INSURANCE
- A COPY OF YOUR LEAD CERTIFICATION
- A COPY OF YOUR STATE OF NEW JERSEY REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR
- A COPY OF YOUR STATE OF NEW JERSEY BUSINESS REGISTRATION
- IRS FORM W-9

PLEASE RETURN COMPLETED APPLICATION AND DOCUMENTS TO:

**Atlantic County Improvement Authority
1333 Atlantic Avenue, Suite 700
Atlantic City, NJ 08401**

Or email the application along with attachments to:

Ellen Hiltner, Home Manager at hiltner_ellen@aclink.org

or

Charlie Pfrommer, Home inspector at

pfrommer_charles@aclink.org