

CONTRACTOR APPLICATION

Date: _____

No application will be processed without a Social Security# _____ or a Contractor's ID# _____ and attach a current Certificate of Insurance. Mail to the Office of Community Development, 1333 Atlantic Avenue, Suite 700, Atlantic City, New Jersey 08401. Attention: Charlie Pfrommer Telephone: (609) 343-2185

The undersigned contracting firm hereby applies to be placed on the "approved General Contractor's List" maintained by the Community Development Office for the purpose of performing rehabilitation work in the Community Development target area. It is certified that the information given below is complete, factual and that no unfavorable information has been withheld.

1. FIRM BEING APPLIED

Name _____ Address _____

Firm Name _____ City _____ State _____ Zip Code _____

Description of Service _____

Business Number _____ Cell Phone Number _____

Fax Number _____ Email: _____

2. NAMES, ADDRESSES & YEARS OF CONSTRUCTION EXPERIENCE OF ALL OWNERS, PARTNERS

Name _____ Address _____

Type of Experience _____ Years _____

Name _____ Address _____

Type of Experience _____ Years _____

3. OTHER CONTRACTING FIRM NAMES UNDER WHICH THE PRINCIPALS HAVE OPERATED

Firm Name _____ Address _____

Telephone _____ Associated Principal _____

4. BUSINESS REFERENCES:

a. Bank Name _____ Address _____

Type of Account _____

Bank Name _____ Address _____

Type of Account _____

b. Material Dealers Name _____

Address _____ Telephone _____

c. Sub-contractor Name _____

Address _____ Telephone _____

Sub-contractor Name _____

Address _____ Telephone _____

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5. LIST THREE RECENT CUSTOMERS WHICH YOU HAVE PROVIDED SERVICES

Name _____ Address _____
Telephone _____ Date Provided _____
Email: _____

Name _____ Address _____
Telephone _____ Date Provided _____
Email: _____

Name _____ Address _____
Telephone _____ Date Provided _____
Email: _____

Signature

Date