

CONTRACTOR APPLICATION

CITY OF NEW LONDON

181 State Street

New London, CT 06320

(860) 447-5243

(860) 437-4467 Fax

Office use

HCP

LHARP

All licensed contractors are invited to indicate their interest New London's Housing Conservation Program (HCP) by:

- Completing this form
- Include Social Security Number or Tax Identification Number **and**
- Required Insurance cert. (minimum of \$300,000 for HCP, \$1,000,000 for LHARP if applicable) **and**
- Home Improvement Contractor Registration # (include copy) **and**
- State of Connecticut Lead **CONTRACTOR** License # (include copy if applicable) **and**
- Copy of EPA Firm Certification **and**
- Most recent Financial Statement OR Income Tax Returns for the last two years

Owners SSN #

Tax ID Number

Date

Name of Business

Business Phone Number

Name of Owner

Cell Phone Number

E-mail address (**Required for Bid Invitations**)

Business Fax Number

Business Address

Home Address

City, State, Zip

City, State, Zip

Type of Contractor: _____
(Primary Trade or Specialty)

Number of Employees: _____

Approximate dollar volume of work completed in the last five years: _____

Home Improvement Registration #

of years in Home Improvement

Lead Abatement License # (if applicable)

of years in Lead Abatement (if applicable)

Trade Organizations associated with _____

The N.L. L-HARP/HCP reserves the right to conduct a background check with CT OSHA and the Department of Labor to determine any outstanding compliance issues. Also N.L. L-HARP/HCP may contact other Health Departments and Stated funded programs to investigate prior or outstanding compliance violations. We reserve the right to refuse non-compliant contractors to bid on projects funded by this program.

Check appropriate boxes below to indicate actual work experience. Where appropriate check whether Licensed (L) or Certified (C)

Home Improvements	L <input type="checkbox"/>	C <input type="checkbox"/>	Siding (Vinyl)	L <input type="checkbox"/>	C <input type="checkbox"/>
General Contracting	L <input type="checkbox"/>	C <input type="checkbox"/>	Siding (Wood Clapboards, Shingles)	L <input type="checkbox"/>	C <input type="checkbox"/>
Electrical Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Framing (New)	L <input type="checkbox"/>	C <input type="checkbox"/>
Plumbing Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Framing/Carpentry (Renovation)	L <input type="checkbox"/>	C <input type="checkbox"/>
Heating Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Painting	L <input type="checkbox"/>	C <input type="checkbox"/>
Lead Safe Certified	L <input type="checkbox"/>	C <input type="checkbox"/>	Masonry	L <input type="checkbox"/>	C <input type="checkbox"/>
Lead Abatement Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Flooring (Wood, Vinyl, Tile, Carpet)	L <input type="checkbox"/>	C <input type="checkbox"/>
Asbestos Abatement Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Waterproofing	L <input type="checkbox"/>	C <input type="checkbox"/>
Roofing	L <input type="checkbox"/>	C <input type="checkbox"/>	Flashing, Weather stripping	L <input type="checkbox"/>	C <input type="checkbox"/>

Insurance Information

Amount of Insurance Carried by Contractor: \$ _____

Workman's Compensation: _____ Amount \$ _____
 Name of Company

Public Liability: _____ Amount \$ _____
 Name of Company

Other _____ Amount \$ _____
 Name of Company

Is your company registered with the State of Connecticut's Department of Economic Development as a (please check any of the following) Small Business Minority Owned Female Owned?

FOR LEAD CONTRACTORS ONLY
Important Information

DUNS # (Required) _____

CCR registration (Required)

Requested via the web at
www.grants.gov/applicants/request_duns_number.jsp

Registration info found on the web at
www.ccr.gov/startregistration.aspx

You must have a DUNS # before you can register with CCR.

A CCR User Account Guide can be found at
www.ccr.gov/doc/UserAccount.pdf

Frequently asked questions can be found at
www.ccr.gov/FAQ.aspx#accounts

Customer References

Property Owners for Whom You Have RECENTLY Completed Work

Reference #1

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

Reference #2

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

Reference #3

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

***Reference #4* Name & Location of Materials Suppliers**

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Remarks:
