ACIA
Atlantic County Improvement Authority
600 Aviation Boulevard · Egg Harbor Township, NJ 08234
Phone: 609-343-2390 Fax: 609-343-2188

Timothy D. Edmunds, P.E.
Executive Director

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 Cell Phone _____

Business Address _____ Contact Email _____

City, State, Zip _____ Business Email _____

Business Phone _____ Tax/Federal ID# _____

Business Fax _____ Years of Experience _____

Type of Service Provided _____

Name of owner/s of business 1. _____ 2. _____

Are you or any of your employees certified to handle lead paint? YES ☐ NO ☐

To be eligible to bid on jobs where a Lead Based Paint Hazard is identified, the contractor must provide evidence of completion of the **Lead Based Paint Safe Work Practices Course.**
Please attach certificate.

Do you use Subcontractors? Yes ☐ No ☐

Name:	Address/Phone#:	Specialty
Name:	Address/Phone#:	Specialty

INSURANCE REQUIREMENT

The Contractor must provide a Certificate of Insurance ***naming the Atlantic County Improvement Authority*** *as an additional insured with limits of coverage as follows:*

General Liability
Bodily Injury *$1,000,000*
Property Damage *$1,000,000*

Automobile Liability
Combined Single Limit $ 500,000

Workers Compensation *Statutory*
Employers Liability *$ 100,000*

Insurance Company: Policy # (Please attach copy)

- Have you ever been debarred from any Federal Programs? Yes ☐ No ☐
  If so, when and through what program?
- Are you or any of your employees related to any County Officials? Yes ☐ No ☐
  If so, provide name of person, relation & position:

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 NJ HOME IMPROVEMENT CONTRACTORS LICENSE**
- **A COPY OF YOUR W-9 and BUSINESS REGISTRATION**

PLEASE RETURN COMPLETED APPLICATION AND DOCUMENTS TO:

Atlantic County Improvement Authority
600 Aviation Research Boulevard
Egg Harbor Township, NJ 08234

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