

CONTRACTOR APPLICATION

Date: _____

No application will be processed without a Social Security# _____ or a Contractor's ID# _____ and attach a current Certificate of Insurance naming Atlantic County Improvement Authority as an insured. Mail to the Atlantic County Improvement Authority, 1333 Atlantic Avenue, Suite 700, Atlantic City, NJ 08401. Attention: Charlie Pfrommer.

The undersigned contracting firm hereby applies to be placed on the "approved General Contractor's List" maintained by the Atlantic County Improvement Authority 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 _____ Firm Name _____

Address _____ City _____ State _____ Zip Code _____

Description of Service _____

Telephone No. _____ Fax No. _____

Cell Phone No. _____ Email Address: _____

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

Name _____ Type of Experience _____

Years _____ Address _____

Name _____ Type of Experience _____

Years _____ Address _____

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

Firm Name _____ Address _____

Telephone _____ Associated Principal _____

4. BUSINESS REFERENCES:

a. Bank Name _____ Type of Account _____

Address _____

Bank Name _____ Type of Account _____

Address _____

b. Material Dealers Name _____ Telephone _____

Address _____

c. Sub-contractor Name _____ Telephone _____

Address _____

Sub-contractor Name _____ Telephone _____

Address _____

CONTRACTOR APPLICATION

5. LIST THREE RECENT CUSTOMERS WHICH YOU HAVE PROVIDED SERVICES

Name _____ Telephone _____
Email _____ Date Provided _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Telephone _____
Email _____ Date Provided _____
Address _____ City _____ State _____ Zip Code _____

Name _____ Telephone _____
Email _____ Date Provided _____
Address _____ City _____ State _____ Zip Code _____

Signature _____

Date _____