

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: Rick McGonigal (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 _____
Telephone Number _____
Fax Number _____ Cell Phone Number _____

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 _____

5. LIST THREE RECENT CUSTOMERS WHICH YOU HAVE PROVIDED SERVICES

| | |
|-----------------|---------------------|
| Name _____ | Address _____ |
| Telephone _____ | Date Provided _____ |
| Name _____ | Address _____ |
| Telephone _____ | Date Provided _____ |
| Name _____ | Address _____ |
| Telephone _____ | Date Provided _____ |

Signature

Date