

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Contractor Registration Application

1. Firm Being Registered:

Name: _____

Address: _____

Phone Number: _____

Type Of Work Performed: _____

2. Names, Addresses and years of construction experience of all owners, partners and principal stockholders of the construction firm.

<u>Name</u>	<u>Address</u>	<u>Experience</u>	<u>Years</u>
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3. Other contracting firm names which the principals have operated.

<u>First Name</u>	<u>Address</u>	<u>Associated Principal</u>
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4. Business References:

a) Banks

<u>Name</u>	<u>Address</u>	<u>Type of Account</u>

b) Suppliers

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

c) Subcontractors

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

5. Recent Customers: (Include all previous Weatherization Assistance Program-funded work experience references)

<u>Name</u>	<u>Address</u>	<u>Date(s) Service Provided</u>

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6. Please list any current contracts with other Weatherization Assistance Program agencies and Contract Expiration Date:

<u>Name</u>	<u>Expiration Date</u>

7. Insurance: (Attach Insurance Certificates)

<u>Insurance Company</u>	<u>Agency</u>	<u>Type of Coverage</u>

Authorized Signature

Title

Date