## Lead-Safe Home Remediation Pilot Grant Program

## **Contractor Registration Application**

1. Firm Being R	Registered:			
Name:				
Address:				
Type of Work F	Performed:			
	resses and years of co the construction firm		sperience of all owner	rs, partners and principal
<u>Name</u>	Address		<u>Experience</u>	<u>Years</u>
3. Other contract	eting firm names which	ch the princi	pals have operated.	
<u>First Name</u>		Address		Associated Principal

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4. Business References:			
a) Banks			
<u>Name</u>	Address	Type of Account	
b) Suppliers			
<u>Name</u>	<u>Address</u>	Telephone Number	
c) Subcontractors			
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	
5. Recent Customers:		(Include all previous Lead-Safe Pilot Program-funded work experience references)	
<u>Name</u>	Address	Date(s) Service Provided	

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6. Please list any cur	rent contracts with other Agencies	s and Contract Expiration Date:
Name		Expiration Date
7. Insurance:	(Attach Insurance Certificates)	
Insurance Company	Agency	Type of Coverage
		Authorized Signature
		Title
		Date