

# CONTRACTOR APPLICATION

CITY OF NEW LONDON

111 Union Street

New London, CT 06320

Phone (860) 447-5243 (860) 437-4467 Fax

Office use

HCP

LHARP

All licensed contractors are invited to indicate their interest in Lead Hazard Reduction Program (LHARP) and/or New London's Housing Conservation Program (HCP) by:

- Completing this form
- Include Social Security Number or Tax Identification Number **and**
- Required Insurance cert. (minimum of \$300,000 for HCP, \$1,000,000 for LHARP if applicable) **and**
- Home Improvement Contractor Registration # (include copy) **and**
- State of Connecticut Lead **CONTRACTOR** License # (include copy if applicable) **and**
- Copy of EPA Firm Certification **and**
- Most recent Financial Statement OR Income Tax Returns for the last two years

\_\_\_\_\_  
Owners SSN #                      Tax ID Number                      Date

\_\_\_\_\_  
Name of Business                      Business Phone Number

\_\_\_\_\_  
Name of Owner                      Cell Phone Number

\_\_\_\_\_  
E-mail address (**Required for Bid Invitations**)                      Business Fax Number

\_\_\_\_\_  
Business Address                      Home Address

\_\_\_\_\_  
City, State, Zip                      City, State, Zip

Type of Contractor: \_\_\_\_\_  
(Primary Trade or Specialty)                      Number of Employees: \_\_\_\_\_

Approximate dollar volume of work completed in the last five years: \_\_\_\_\_

\_\_\_\_\_  
Home Improvement Registration #                      # of years in Home Improvement

\_\_\_\_\_  
Lead Abatement License # (if applicable)                      # of years in Lead Abatement (if applicable)

Trade Organizations associated with \_\_\_\_\_

The N.L. L-HARP/HCP reserves the right to conduct a background check with CT OSHA and the Department of Labor to determine any outstanding compliance issues. Also N.L. L-HARP/HCP may contact other Health Departments and Stated funded programs to investigate prior or outstanding compliance violations. We reserve the right to refuse non-compliant contractors to bid on projects funded by this program.

**Check appropriate boxes below to indicate actual work experience. Where appropriate check whether Licensed (L) or Certified (C)**

Home Improvements	L <input type="checkbox"/>	C <input type="checkbox"/>	Siding (Vinyl)	L <input type="checkbox"/>	C <input type="checkbox"/>
General Contracting	L <input type="checkbox"/>	C <input type="checkbox"/>	Siding (Wood Clapboards, Shingles)	L <input type="checkbox"/>	C <input type="checkbox"/>
Electrical Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Framing (New)	L <input type="checkbox"/>	C <input type="checkbox"/>
Plumbing Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Framing/Carpentry (Renovation)	L <input type="checkbox"/>	C <input type="checkbox"/>
Heating Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Painting	L <input type="checkbox"/>	C <input type="checkbox"/>
Lead Safe Certified	L <input type="checkbox"/>	C <input type="checkbox"/>	Masonry	L <input type="checkbox"/>	C <input type="checkbox"/>
Lead Abatement Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Flooring (Wood, Vinyl, Tile, Carpet)	L <input type="checkbox"/>	C <input type="checkbox"/>
Asbestos Abatement Contractor	L <input type="checkbox"/>	C <input type="checkbox"/>	Waterproofing	L <input type="checkbox"/>	C <input type="checkbox"/>
Roofing	L <input type="checkbox"/>	C <input type="checkbox"/>	Flashing, Weather stripping	L <input type="checkbox"/>	C <input type="checkbox"/>

*Insurance Information*

Amount of Insurance Carried by Contractor: \$ \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Name of Company

Public Liability: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Name of Company

Other \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Name of Company

Is your company registered with the State of Connecticut's Department of Economic Development as a (please check any of the following)  Small Business  Minority Owned  Female Owned?

**FOR LEAD CONTRACTORS ONLY**  
**Important Information**

**DUNS # (Required)** \_\_\_\_\_

**CCR registration (Required)**

**Requested via the web at**  
[www.grants.gov/applicants/request\\_duns\\_number.jsp](http://www.grants.gov/applicants/request_duns_number.jsp)

**Registration info found on the web at**  
[www.ccr.gov/startregistration.aspx](http://www.ccr.gov/startregistration.aspx)

**You must have a DUNS # before you can register with CCR.**

**A CCR User Account Guide can be found at**  
[www.ccr.gov/doc/UserAccount.pdf](http://www.ccr.gov/doc/UserAccount.pdf)

**Frequently asked questions can be found at**  
[www.ccr.gov/FAQ.aspx#accounts](http://www.ccr.gov/FAQ.aspx#accounts)

**Customer References**

*Property Owners for Whom You Have **RECENTLY** Completed Work*

***Reference #1***

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

***Reference #2***

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

***Reference #3***

<hr/> Customer Name	<hr/> Customer Phone Number
<hr/> Address	<hr/> Job Site (if different)
<hr/> Type of Work	

***Reference #4*      **Name & Location of Materials Suppliers****

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Remarks:**

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