



**STRONG COMMUNITIES PROGRAM**

**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**

This application is for registration as a      General Contractor      Subcontractor

Please Print

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

INCORPORATED:      YES      NO      DATE OF INCORPORATION \_\_\_\_\_

OFFICERS OF CORPORATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

OWNER(S):

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(If there are more than two owners, please use a supplemental sheet.)

BUSINESS REFERENCES (preferably your current suppliers):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

WORK REFERENCES (List two projects completed in the last year):

1. Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_ Price charged: \_\_\_\_\_
2. Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_ Price charged: \_\_\_\_\_

INSURANCE REQUIREMENTS (Please attach evidence of the following types of required insurance)

**Workmen’s Compensations and Employee’s Liability** - Workmen’s compensation of not less than the statutory amount and employer’s liability of not less than \$100,000 per person

**Auto Insurance** - A minimum combined single limit of not less than \$500,000 for injuries, including accidental death, or damages caused by the contractor’s vehicles on the site

**Comprehensive Public Liability** - Not less than \$500,000 for accidents or injuries for each occurrence, and not less than \$1,000,000 in the aggregate for the policy term

THE FOLLOWING INFORMATION IS NOT REQUIRED  
BUT WOULD BE HELPFUL TO THIS OFFICE IF SUPPLIED.

**National Origin of Company Owner(s):**

Alaskan Native or American Indian

Hispanic

Asian or Pacific Islander

White/Non-Hispanic

Black - Non Hispanic

Other \_\_\_\_\_

Is your company considered a Minority-owned Business Enterprise (MBE) or Woman-owned Business Enterprise (WBE)?      Yes      No

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date