



CONTRACTOR APPLICATION



Please print or type information

Company Name:			Date Company Established:
Address:	City:	State:	Zip:
Phone:	Fax:	Cell:	Social Security Number:
Driver's License Number:	State Issued:		Expiration Date:
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Expiration Date:

Use of Department of Housing and Urban Development funds requires contractor and subcontractor activity to be reported annually. The following information is required on the HUD Form 2516.
 Please check: Woman owned business Minority owned business
 Race: White American Black American Native American Hispanic American Asian/Pacific American Hasidic Jew

List name and TIN for owner and all company principals (use separate sheet if needed):

Home Address:	City:	State:	Zip:
Home Phone:	E-mail:	Other Contact:	

Employment History

Please list the last five (5) jobs you have completed remodeling or repairs on a residential structure for more than \$1,000.00 within the past two (2) years.

1. Name of Customer:		Date Started:	Date Ended:
Address:	City:	State:	Zip:
Phone:	Type of work performed:		Dollar Amount:
2. Name of Customer:		Date Started:	Date Ended:
Address:	City:	State:	Zip:
Phone:	Type of work performed:		Dollar Amount:
3. Name of Customer:		Date Started:	Date Ended:
Address:	City:	State:	Zip:
Phone:	Type of work performed:		Dollar Amount:
4. Name of Customer:		Date Started:	Date Ended:
Address:	City:	State:	Zip:
Phone:	Type of work performed:		Dollar Amount:
5. Name of Customer:		Date Started:	Date Ended:
Address:	City:	State:	Zip:
Phone:	Type of work performed:		Dollar Amount:

Financial References

1. Name of Institution:			Phone:
Address:	City:	State:	Zip:
2. Name of Institution:			Phone:
Address:	City:	State:	Zip:

This information that is given on this application is confidential and will be kept confidential. The City of Abilene reserves the right to do a check on all information given on this application. Verification will be done be either by phone, mail, on site inspection, or all of the above.

Local Supplier

1. Name of Supplier:		Name of Contact:	Phone:
Address:	City:	State:	Zip:
Type of Accounts:		Account #:	Account #:
2. Name of Supplier:		Name of Contact:	Phone:
Address:	City:	State:	Zip:
Type of Accounts:		Account #:	Account #:

Please answer the following questions concerning job size and completion rate.

1. What is the greatest amount of work, in dollars, that you have ever done at one time (all jobs)?
2. What is the largest single job, in dollars, you have previously performed?
3. What amount of work, in dollars, do you normally carry:
4. What size contracts do you think your company is best qualified to handle? How many at one time?
5. What surety companies have furnished bonds for you in the past?
6. Have you ever failed to complete a job?

Please list contractors for whom you have worked as a sub-contractor.

1. Name of Contractor:	Size of sub-contract:	Year Worked:	Phone:
2. Name of Contractor:	Size of sub-contract:	Year Worked:	Phone:
3. Name of Contractor:	Size of sub-contract:	Year Worked:	Phone:
4. Name of Contractor:	Size of sub-contract:	Year Worked:	Phone:

Please state your work specialties in the space provided below:

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Personal References (Other than ones listed above)			
1. Name:	Address:	Occupation:	Phone:
2. Name:	Address:	Occupation:	Phone:
3. Name:	Address:	Occupation:	Phone:

Acknowledgement

I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I further certify that I have met the conditions and requirements herein stated and fully understand and agree to abide by it. Acting in addition to my official capacity for the contractor, I acknowledge that I am personally liable for the actions of the contractor in its dealings with any contract awarded by the City of Abilene.

I hereby certify that I will report any changes in address, licensure, bonding and insurance to the City of Abilene. Insurance and bonding will be supplied upon renewal.

Contractor agrees that no payments owed by him, of any nature, whatsoever, to the City, including payment in advance for service charges or any sums of any character whatsoever, shall become delinquent or in arrears.

The City will not knowingly award contracts for goods or services to any bidder in arrears to the City for any debt, claim, demand, or account whatsoever, including taxes, penalty and interest. Contractor is responsible for ensuring that no indebtedness exists.

Signature:	Date:
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Insurance Coverage

I understand and agree to maintain, at my own expense, and provide to Owner and City of Abilene Staff, evidence of the following insurance coverage, during the term of any contract which I am awarded.

Type	Amount
<ul style="list-style-type: none"> • Comprehensive General Public Liability Insurance (to include, but not limited to the following) <ul style="list-style-type: none"> ○ Premises/ Operations Coverage ○ Products/ Completed Operations (Where required) 	<ul style="list-style-type: none"> • Bodily Injury Liability (per person/aggregate) • \$100,000 Property Damage Liability • \$25,000 may be on per occurrence or claims made basis.

I also understand that I must provide:

1. Evidence of license, including mandatory bonds as required by State Law or City Ordinance
2. Evidence of EPA (known as Safe Work Practices) and RRP (Renovation, Repair & Painting) Certifications
3. References/recommendation letters
4. Letter from suppliers (on their company letterhead) noting: date account opened, type of account, highest balance, status of payment history. This must be dated, signed and the title of person giving the information.

Signature:	Date:
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