

PRESERVING ONE BUILDING AT A TIME



757-324-1452 B

757-724-5677 C

# Contractor Application Form

Company Name/ Contractor : \_\_\_\_\_

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

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## Applicant Information

- Full Name / Business Name: \_\_\_\_\_
- Contact Person (if business): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

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## Business Details

- Years of experience: \_\_\_\_\_
  - Federal Tax ID / EIN/Social security : \_\_\_\_\_
  - State Contractor License # (if required): \_\_\_\_\_
  - Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
-

### Services Provided (check all that apply)

- ☐ General Contracting
  - ☐ Property Preservation
  - ☐ Electrical
  - ☐ Plumbing
  - ☐ HVAC
  - ☐ Landscaping / Lawn Care
  - ☐ Painting / Drywall
  - ☐ Roofing
  - ☐ Cleaning / Janitorial
  - ☐ Other: \_\_\_\_\_
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### Insurance & Compliance

- **General Liability Coverage:** \$ \_\_\_\_\_
  - **Workers' Compensation:** Yes ☐ No ☐
  - **Bonded:** Yes ☐ No ☐
  - **Upload/Attach Copies of Certificates**
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### References

**List at least 2 business references:**

1. Company/Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  2. Company/Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
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## Equipment & Capabilities\

- Do you have your own transportation? Yes ☐ No ☐
- Do you own your own equipment/tools? Yes ☐ No ☐
- List equipment
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Crew Size Available: \_\_\_\_\_
- Areas Willing to Work (Counties/States): \_\_\_\_\_
- Who to contact in emergency \_\_\_\_\_

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Do you have any pictures to show your work? Yes ☐ No ☐  
Please upload.

## Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the company to verify any information provided.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_