

**COMMUNITY DEVELOPMENT PROGRAMS**  
**CONTRACTOR INFORMATION SHEET**  
**AND**  
**APPLICATION TO BE LISTED ON CONTRACTOR'S ROSTER**

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

Contact: Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Form of Business: Individual Proprietor ( ) Partnership ( ) Corporation ( )

Number of Years in Business (under this name): \_\_\_\_\_

Employer ID # (if any): \_\_\_\_\_

Please indicate the counties that you would be able to work in:

Alexander ( ) Burke ( ) Caldwell ( ) Catawba ( ) Iredell ( )

If you are a licensed contractor, describe type of license and give license number below:

\_\_\_\_\_

Do you have any other type of license, certification or training relating to this type of work? If so, list below:

\_\_\_\_\_

Are you or any of your employees certified North Carolina Lead Renovators under the Lead-Based Paint Hazard Management Program for Renovation, Repair, and Painting? Please list names and include copies of the North Carolina Lead Renovator Certificate.

\_\_\_\_\_

\_\_\_\_\_

Your firm must be licensed to conduct lead-based paint renovation activities under the Lead-Based Paint Hazard Management Program for Renovation, Repair and Painting on any house built before 1978 and/or on any house found to have lead based paint hazards. Include a copy of the firm's certificate.

\_\_\_\_\_

Give details regarding any relationship or ownership interest which exists between this company, or any individuals associated with it, and any employee, officer, or agent of Alexander, Burke, Caldwell or Catawba County, or the Western Piedmont Council of Governments. If no relationship or ownership interest exists, please write "None": \_\_\_\_\_

All approved Contractors must carry liability insurance of at least \$300,000 for personal injury and \$100,000 for property damage, and also workers compensation insurance if required by statutes. Please list the agents name, and policy numbers of your insurance coverage below. Approved contractors will be required to have their insurance agent provide us with a Certificate of Insurance, with the Western Piedmont Council of Governments listed as a certificate holder

Liability Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Worker's Compensation Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_

I hereby agree should this application be approved and my name placed on the Contractor's Register, I shall continue to carry the required insurance, supply written verification that the insurance is in force abide by Equal Opportunity Provisions, perform all work in accordance with applicable Code Standards, and be subject to removal from the Contractor's Register for unsatisfactory performance.

I hereby certify the above information to be complete and correct to the best of my knowledge. I also certify that this company, or any individual having any interest in it, has never been declared ineligible to be awarded a government contract.

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

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

Company: \_\_\_\_\_

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

**Please return this completed application to:**

**By mail:**

Lisa Helton/Laurie Powell  
WPCOG  
PO Box 9026/1880 Second Avenue NW  
Hickory, NC 28603/Hickory, NC 28601  
828-485-4281 Lisa Helton  
828-485-4249 Laurie Powell  
[lisa.helton@wpcog.org](mailto:lisa.helton@wpcog.org)  
[laurie.powell@wpcog.org](mailto:laurie.powell@wpcog.org)  
Fax-828-322-5991