

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.

CONTRACTOR'S QUALIFICATION APPLICATION

Name of Firm: _____

Address: _____

City, State Zip _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Number of Employees: _____

Check One

Corporation

Partnership

Individual

If Corporation, please complete the Corporate Resolution.

Partnerships are required to submit a copy of the Partnership Agreement.

Tax ID #: _____ or Social Security #: _____

Federal Employer ID #: _____

Maryland Employer ID #: _____

Maryland Home Improvement or General Contractor License #: _____

New Home Builder Registration Number: _____

U.S. Environmental Protection Agency
Lead-Based Paint Certification Number: _____

State of Maryland Lead Paint Services
Accreditation Certification Number: _____

TYPE OF INSURANCE

CARRIER

POLICY NUMBER

Workmen's Compensation: _____

General Liability: _____

Automobile Liability: _____

Builder's Risk: _____

EXPERIENCE

Indicate type of contracting undertaken by your organization and years of experience.

Number of years as general contractor _____ Type of Work _____

Number of years as subcontractor _____ Type of Work _____

List any special trade licenses or certifications you currently hold.

1. _____
2. _____
3. _____
4. _____

Have you ever failed to complete any work awarded to you? _____

If yes, explain circumstances.

(attach separate sheet if needed)

Has your firm been assessed liquidated damages within the last three years?

If yes, explain circumstances.

(attach separate sheet if needed)

REFERENCES

The contractor shall furnish three references from prior clients (i.e. homeowner, organization and/or a municipality) who they have done residential rehabilitation work with a dollar value of \$20,000 or more.

REFERENCE #1

Client's Name: _____ Phone Number: _____

Type of Client (i.e. homeowner, organization, or municipality): _____

Contract Amount: \$ _____

Description of Work:

REFERENCE #2

Client's Name: _____ Phone Number: _____

Type of Client (i.e. homeowner, organization, or municipality): _____

Contract Amount: \$ _____

Description of Work:

REFERENCE #3

Client's Name: _____ Phone Number: _____

Type of Client (i.e. homeowner, organization, or municipality): _____

Contract Amount: \$ _____

Description of Work:

ATTACHMENTS

The following items must be submitted with your application in order for your application to be considered complete. Please clearly label each item.

- Corporate Certifications
- Corporate Resolution, if applicable
- Partnership Agreement, if applicable
- Minority and Women-Owned Business Enterprise Identification Form, if applicable
- Insurance Certificates naming ACDS as an additional insured for commercial general liability, automobile liability insurance and worker's compensation statutory benefits
- Federal W-9

The undersigned authorizes ACDS to obtain credit information and any other information needed for the purpose of evaluating this application. ACDS reserves the right to verify information submitted with this application and to request any additional information and/or data deemed necessary to determine eligibility of the contractor.

IN WITNESS WHEREOF, the applicant has caused this document to be duly executed in its name on this ____ day of _____, 20__.

By: _____

Print Full Name

Signature

Title of Person Signing

Name of Organization

Corporate Seal