

## CONTRACTOR APPLICATION

Please check the communities where you would like to work:

_____ Agawam	_____ Brimfield	_____ Chester	_____ Holland
_____ Holyoke	_____ Huntington	_____ Ludlow	_____ Middlefield
_____ Russell	_____ Wales	_____ West Springfield	_____
_____	_____	_____	_____

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

\_\_\_\_\_  
Construction Trade

\_\_\_\_\_  
Address

Race/Ethnicity (circle one):

1. White 2. Black/African American 3. Hispanic  
4. Asian 5. American Indian/Alaskan Native  
6. Native Hawaiian/Other Pacific Islander  
7. American Indian/Alaskan Native & White  
8. Asian & White 9. Black/African American & White  
10. American Indian/Alaskan Native & Black/African American  
11. Balance/Other

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

### ORGANIZATIONAL STRUCTURE AND INFORMATION

☐ Corporation

☐ Partnership

☐ Sole Proprietor

Federal Tax ID Number \_\_\_\_\_ DUNS Number \_\_\_\_\_

Woman Owned Business Yes ☐ No ☐ If yes, are you SOMWBA certified? Yes ☐ No ☐

Section 3 Contractor Yes ☐ No ☐

### Principals of Firm

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

## HISTORY OF COMPANY

Number of years in business \_\_\_\_\_

Number of years performing residential rehab \_\_\_\_\_

Construction supervisor's license number \_\_\_\_\_

Massachusetts home improvement registration number \_\_\_\_\_

Lead safe renovators certificate number or  
HUD accepted lead safe registration number \_\_\_\_\_

Massachusetts DOS Deleader-Contractor license number  
or Lead-Safe Renovator Contractor certificate number \_\_\_\_\_

**Submit a list of all projects completed within the past twelve (12) months. Use other side if necessary.**

Job	Location	Type of Work

**If you have ever worked in a public housing rehabilitation program, please list the names and telephone numbers of contact persons.**

**Have you, your present company or previously owned companies ever been debarred from participating in federal, state or municipal programs?**

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.

**Have you, your present company or previously owned company ever had a contract terminated by a client, or issued a warning or non-compliance notice by a public housing rehabilitation program?**

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.

## REQUIRED ATTACHMENTS

This application cannot be considered without the following:

1. Current certificates of insurance for:
  - ◆ Full and complete workers compensation insurance for all employees and sub-contractors' employees engaged in work on the contract premises, in accordance with state and local laws governing the same.
  - ◆ Comprehensive general liability protecting the owner, city/town and its agents for not less than \$1,000,000 in the event of bodily injury including death, and not less than \$500,000 in the event of property damage arising out of the work performed by the contractor.
  - ◆ Automobile liability for all vehicles used in the performance of a contract for not less than \$100,000/\$300,000 bodily injury including death, and not less than \$100,000 in property damage per accident.
2. Copy of contractor's license.
3. Copy of home improvement registration.
4. Lead safe renovators certificate or HUD accepted lead safe registration.
5. Completed W-9 Form
6. Names, addresses, and telephone numbers of three references.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Application approved  
by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SEPTIC INSTALLER APPLICATION

Please check the communities where you would like to work:

_____ Barre	_____ Chester	_____ Dudley	_____ Hadley
_____ Hardwick	_____ Huntington	_____ Leceister	_____ Middlefield
_____ Monson	_____ South Hadley	_____ Ware	_____ West Springfield

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

\_\_\_\_\_  
Construction Trade

\_\_\_\_\_  
Address

Race/Ethnicity (circle one):

1. White 2. Black/African American 3. Hispanic  
4. Asian 5. American Indian/Alaskan Native  
6. Native Hawaiian/Other Pacific Islander  
7. American Indian/Alaskan Native & White  
8. Asian & White 9. Black/African American & White  
10. American Indian/Alaskan Native & Black/African American  
11. Balance/Other

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

### ORGANIZATIONAL STRUCTURE AND INFORMATION

☐ Corporation

☐ Partnership

☐ Sole Proprietor

Federal Tax ID Number \_\_\_\_\_ DUNS Number \_\_\_\_\_

Woman Owned Business Yes ☐ No ☐ If yes, are you SOMWBA certified? Yes ☐ No ☐

Section 3 Contractor Yes ☐ No ☐

### Principals of Firm

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

## HISTORY OF COMPANY

Number of years in business \_\_\_\_\_

Number of years performing residential rehab \_\_\_\_\_

Construction supervisor's license number \_\_\_\_\_

Massachusetts home improvement registration number \_\_\_\_\_

Lead safe renovators certificate number or  
HUD accepted lead safe registration number \_\_\_\_\_

Massachusetts DOS Deleader-Contractor license number  
or Lead-Safe Renovator Contractor certificate number \_\_\_\_\_

**Submit a list of all projects completed within the past twelve (12) months. Use other side if necessary.**

Job	Location	Type of Work

**If you have ever worked in a public housing rehabilitation program, please list the names and telephone numbers of contact persons.**

**Have you, your present company or previously owned companies ever been debarred from participating in federal, state or municipal programs?**

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.

**Have you, your present company or previously owned company ever had a contract terminated by a client, or issued a warning or non-compliance notice by a public housing rehabilitation program?**

**Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.**

### **REQUIRED ATTACHMENTS**

This application cannot be considered without the following:

1. Current certificates of insurance for:
  - ◆ Full and complete workers compensation insurance for all employees and sub-contractors' employees engaged in work on the contract premises, in accordance with state and local laws governing the same.
  - ◆ Comprehensive general liability protecting the owner, city/town and its agents for not less than \$1,000,000 in the event of bodily injury including death, and not less than \$300,000 in the event of property damage arising out of the work performed by the contractor.
  - ◆ Automobile liability for all vehicles used in the performance of a contract for not less than \$100,000/\$300,000 bodily injury including death, and not less than \$100,000 in property damage per accident.
2. Names, addresses and telephone numbers of three references.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## SEPTIC DESIGNER APPLICATION – ENGINEERS/SANITARIANS

Please check the communities where you would like to work:

_____ Barre	_____ Chester	_____ Dudley	_____ Hadley
_____ Hardwick	_____ Huntington	_____ Leceister	_____ Middlefield
_____ Monson	_____ South Hadley	_____ Ware	_____ West Springfield

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

\_\_\_\_\_  
Construction Trade

\_\_\_\_\_  
Address

Race/Ethnicity (circle one):

1. White 2. Black/African American 3. Hispanic  
4. Asian 5. American Indian/Alaskan Native  
6. Native Hawaiian/Other Pacific Islander  
7. American Indian/Alaskan Native & White  
8. Asian & White 9. Black/African American & White  
10. American Indian/Alaskan Native & Black/African American  
11. Balance/Other

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

### ORGANIZATIONAL STRUCTURE AND INFORMATION

☐ Corporation

☐ Partnership

☐ Sole Proprietor

Federal Tax ID Number \_\_\_\_\_ DUNS Number \_\_\_\_\_

Woman Owned Business Yes ☐ No ☐ If yes, are you SOMWBA certified? Yes ☐ No ☐

Section 3 Contractor Yes ☐ No ☐

### Principals of Firm

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

## HISTORY OF COMPANY

Number of years in business \_\_\_\_\_

Number of years performing residential rehab \_\_\_\_\_

Construction supervisor's license number \_\_\_\_\_

Massachusetts home improvement registration number \_\_\_\_\_

Lead safe renovators certificate number or  
HUD accepted lead safe registration number \_\_\_\_\_

Massachusetts DOS Deleader-Contractor license number  
or Lead-Safe Renovator Contractor certificate number \_\_\_\_\_

**Submit a list of all projects completed within the past twelve (12) months. Use other side if necessary.**

Job	Location	Type of Work

**If you have ever worked in a public housing rehabilitation program, please list the names and telephone numbers of contact persons.**

**Have you, your present company or previously owned companies ever been debarred from participating in federal, state or municipal programs?**

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.



**Have you, your present company or previously owned company ever had a contract terminated by a client, or issued a warning or non-compliance notice by a public housing rehabilitation program?**

**Yes \_\_\_\_ No \_\_\_\_ If yes, please explain below.**

### **REQUIRED ATTACHMENTS**

This application cannot be considered without the following:

1. Current certificates of insurance for:
  - Full and complete workers compensation as required in accordance with Massachusetts general laws.
  - Professional liability protecting the owner, the city/town and its agents for not less than \$100,000.
  - Automobile liability for all vehicles used in the performance of a contract for not less than \$100,000/\$300,000 bodily injury including death and not less than \$100,000 in property damage per accident.
2. Evidence of a professional registration.
3. Names, addresses and telephone numbers of three references.

In addition, comprehensive general liability insurance protecting the owner, the city/town and its agents for not less than \$250,000 will be required from the designer for any site work (i.e. deep holes, test pits, etc.) performed on an owner's property. At the time that an invoice for payment for the design work is submitted, the designer must present evidence that the designer or the designer's site work subcontractor carries the required insurance. If evidence is not presented, payment for the site work may be withheld from the designer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant