CONTRACTOR APPLICATION

Agawam			Brimfie		Chester	Holland
Holyoke			Hunting	ton		Middlefie
Russell			Wales		West Springfield	
Company Name					Construction Trade	
Address					Race/Ethnicity (circle one): 1. White 2. Black/African American 3. 4. Asian 5. American Indian/Alaskan Na 6. Native Hawaiian/Other Pacific Islander	ative
City					7. American Indian/Alaskan Native & Wh 8. Asian & White 9. Black/African Amer 10. American Indian/Alaskan Native & Bl	ite ican & White
State and Zip Code					11. Balance/Other	
Telephone Number	Cell Pl	hone	Numbe	- er	Fax Number E-Mail Ad	dress
ORGANIZATIONAL ST	RUCTU	JRE	AND I	NFC	RMATION	
☐ Corporation			Partner	ship	☐ Sole Proprieto	r
Federal Tax ID Number _					DUNS Number	
Woman Owned Business	Yes		No □	l	If yes, are you SOMWBA certified? Yes	□ No □
Section 3 Contractor	Yes		No □	l		
Principals of Firm						
1. Name					 Title	
Home Address						
City						
State and Zip Code					Telephone Number	
2. Name					 Title	
Home Address						
City						

Contractor Application Page 1 of 3

HISTORY OF COMPANY			
Number of years in business			
Number of years performing residentia	ıl rehab		
Construction supervisor's license num	ber		
Massachusetts home improvement reg	gistration number		
Lead safe renovators certificate number HUD accepted lead safe registration n			
Massachusetts DOS Deleader-Contractor ce or Lead-Safe Renovator Contractor ce			
Submit a list of all projects comp	oleted within the past twelve	(12) months. Use other side	if necessary.
Job	Location	Type of Work	\neg
			_
			_
			_
If you have ever worked in a pub numbers of contact persons.	olic housing rehabilitation pro	ogram, please list the names	and telephone
Have you, your present companded federal, state or municipal progr		anies ever been debarred froi	m participating ir

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?

Contractor Application Page 2 of 3

	Ye	s No If yes,	please explain below	v.		
RE	QUI	RED ATTACHMENTS				
Th	is ap	pplication cannot be consid	ered without the follow	ing:		
1.	Cu	rrent certificates of insuran	ice for:			
	•				I employees and sub-contractor state and local laws governing the	
	•		including death, and n		n and its agents for not less than 100,000 in the event of property (
	•	Automobile liability for all bodily injury including dea	vehicles used in the path, and not less than \$	erformance of 3100,000 in pro	a contract for not less than \$100 perty damage per accident.	0,000/\$300,000
2.	Со	py of contractor's license.				
3.	Со	py of home improvement r	egistration.			
4.	Lea	ad safe renovators certifica	ate or HUD accepted le	ad safe registra	ation.	
5.	Со	mpleted W-9 Form				
6.	Na	mes, addresses, and telep	hone numbers of three	references.		
			<u></u>			
	Da	te	Sig	nature of Appli	icant	
App	lica	tion approved				
~y.						
Nam	е		Signature		Date	

Contractor Application Page 3 of 3

SEPTIC INSTALLER APPLICATION

Barre					Dudley	<u>-</u>	Hadley
Hardwick			Huntington		Leceiste	er _	Middlefield
Monson			South Had	ley	Ware	-	West Springfie
Company Name				Construction	n Trade		-
				Race/Ethnic	ity (circle one):		
Address				1. White 2 4. Asian	2. Black/Africar 5. American Inclawaiian/Other	lian/Alaskan N	ative
City				8. Asian &	n Indian/Alaska White 9. Blac an Indian/Alask	k/African Ame	
State and Zip Code				11. Balanc	e/Other		
Telephone Number	Cell Pi	hone	Number	Fax Nu	ımber	E-Mail Ad	ddress
ORGANIZATIONAL ST	RUCTU	JRE	AND INFO	RMATION			
□ Corporation			Partnership			Sole Proprieto	or
Federal Tax ID Number				DUNS	S Number		
Woman Owned Business	Yes		No □	If yes, are yo	ou SOMWBA ce	ertified? Yes	□ No □
Section 3 Contractor	Yes		No □				
Principals of Firm							
1							
Name					Title		
Home Address							
City							
State and Zip Code					Telephone N	Number	
2. Name					Title		
Home Address							
City							

HISTORY OF COMPANY			
Number of years in business			
Number of years performing residentia	al rehab		
Construction supervisor's license num	ber		
Massachusetts home improvement re	gistration number		
Lead safe renovators certificate numb			
Massachusetts DOS Deleader-Contra or Lead-Safe Renovator Contractor co	ertificate number	(12) months. Use other side is	f nocossary
Job	Location	Type of Work	
300	Location	Type of Work	\dashv
			\dashv
			=
			-
			-
			7
If you have ever worked in a pul numbers of contact persons.	blic housing rehabilitation pr	ogram, please list the names a	ind telephone
Have you, your present compar federal, state or municipal prog		oanies ever been debarred from	າ participating iເ
Yes No If yes, p	lease explain below.		

	ve you, your present company or previously owned company ever had a contract terminated by a client, or sued a warning or non-compliance notice by a public housing rehabilitation program?
	Yes No If yes, please explain below.
RE	EQUIRED ATTACHMENTS
Thi	is 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

Hardwick Monson Company Name Address City State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE Yes	e Number E AND INF Partnershi	Construction Race/Ethnic 1. White 4. Asian 6. Native 7. Americ 8. Asian 8 10. Ameri 11. Balan Fax N CORMATION	city (circle one): 2. Black/African 5. American Ind Hawaiian/Other F an Indian/Alaska White 9. Black can Indian/Alaska ce/Other umber	n American 3. Hisp dian/Alaskan Native Pacific Islander In Native & White k/African American Ian Native & Black/A E-Mail Address	West Springf panic & White African American s
Company Name Address City State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE Yes	e Number E AND INF Partnershi	Construction Race/Ethnic 1. White 4. Asian 6. Native 7. Americ 8. Asian 8 10. Americ 11. Balan Fax N CORMATION ip DUN	on Trade city (circle one): 2. Black/African 5. American Ind Hawaiian/Other F an Indian/Alaska White 9. Black can Indian/Alaska ce/Other umber	n American 3. Hisp dian/Alaskan Native Pacific Islander In Native & White k/African American Isan Native & Black/A E-Mail Address	epanic & White African American s
Address City State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE Yes	e Number E AND INF Partnershi	Race/Ethni 1. White 4. Asian 6. Native 7. Americ 8. Asian 8 10. Ameri 11. Balan Fax N FORMATION	city (circle one): 2. Black/African 5. American Ind Hawaiian/Other F an Indian/Alaska White 9. Black can Indian/Alaska ce/Other umber	dian/Alaskan Native Pacific Islander In Native & White Ik/African American Itan Native & Black/A E-Mail Address Sole Proprietor	& White African American s
Address City State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE Yes	e Number E AND INF Partnershi	1. White 4. Asian 6. Native 7. Americ 8. Asian 8 10. Ameri 11. Balan Fax N FORMATION	2. Black/African 5. American Ind Hawaiian/Other F an Indian/Alaska White 9. Black can Indian/Alaska ce/Other umber	dian/Alaskan Native Pacific Islander In Native & White Ik/African American Itan Native & Black/A E-Mail Address Sole Proprietor	& White African American s
City State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE Yes	e Number E AND INF Partnershi	4. Asian 6. Native 7. Americ 8. Asian 8 10. Ameri 11. Balan Fax N CORMATION	5. American Ind Hawaiian/Other Fan Indian/Alaska White 9. Black can Indian/Alaska ce/Other umber	dian/Alaskan Native Pacific Islander In Native & White Ik/African American Itan Native & Black/A E-Mail Address Sole Proprietor	& White African American s
State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE	e Number E AND INF Partnershi	8. Asian 8 10. Ameri 11. Balan Fax N FORMATION	White 9. Black can Indian/Alask ce/Other umber	k/African American can Native & Black/A E-Mail Address Sole Proprietor	African American
State and Zip Code Telephone Number ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Cell Phone UCTURE	e Number E AND INF Partnershi	11. Balan Fax N ORMATION	umber S Number	E-Mail Address Sole Proprietor	s
ORGANIZATIONAL STRU Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	UCTURE	E AND INF Partnershi	ORMATION	□ S Number	Sole Proprietor	
□ Corporation Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Yes 🗆	Partnershi	ip DUN	S Number		
Federal Tax ID Number Woman Owned Business Section 3 Contractor Principals of Firm	Yes □		DUN	S Number		
Woman Owned Business Section 3 Contractor Principals of Firm	Yes □					
Section 3 Contractor Principals of Firm		No □	If yes, are y			
Principals of Firm	Vac 🗆			ou SOMWBA ce	ertified? Yes \square	No ∐
	162 H	No □				
4						
1. Name				Title		
Home Address						
City						
State and Zip Code				Telephone N	Number	
2. Name				Title		
Home Address						
City						
State and Zip Code				Telephone N		

Annual Renewal Notice Page 1 of 3

Number of years in business		
Number of years performing resident	ial rehab	
Construction supervisor's license nur	mber .	
Massachusetts home improvement re	egistration number	
Lead safe renovators certificate num HUD accepted lead safe registration		
Massachusetts DOS Deleader-Contr or Lead-Safe Renovator Contractor of		
Submit a list of all projects con	npleted within the past twelve	(12) months. Use other
Job	Location	Type of Work

Annual Renewal Notice Page 2 of 3

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.

	ive you, your present company or previously owned company ever had a contract terminated by a client, or sued a warning or non-compliance notice by a public housing rehabilitation program?
	Yes No If yes, please explain below.
RE	EQUIRED ATTACHMENTS
Th	is 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.
tha ow ev	addition, comprehensive general liability insurance protecting the owner, the city/town and its agents for not less an \$250,000 will be required from the designer for any site work (i.e. deep holes, test pits, etc.) performed on any oner's property. At the time that an invoice for payment for the design work is submitted, the designer must present idence that the designer or the designer's site work subcontractor carries the required insurance. If evidence is no essented, payment for the site work may be withheld from the designer.
	Date Signature of Applicant

Annual Renewal Notice Page 3 of 3