

CONTRACTOR APPLICATION

TO:

Community Action Agency (CAA)

CAA Mailing Address

City State Zip

Check the program(s) applicable to this Application:

- Home Accessibility and Repair Program
- Lead Hazard Reduction Demonstration Program
- Weatherization Assistance Program
- Central Heating Improvement Program

The undersigned contractor hereby applies to be placed on the list of "qualified contractors" maintained by your office for the purpose of performing work in the program(s) identified above. The undersigned hereby certifies that the information given below is complete, factual, and that no unfavorable information has been withheld.

SECTION I – CONTRACTOR INFORMATION

Company Name: _____ Office Phone: _____
 Address: _____ Cell Phone: _____
 _____ Fax: _____
 Authorized Agent: _____ Email: _____
 Website (if any): _____ # of Employees: _____
 Tax Identification Number or Social Security Number: _____
 Service Area: _____

Please check all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> EPA Certified/RRP | <input type="checkbox"/> Licensed Plumbing | <input type="checkbox"/> General Rehab | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> EPA Certified Renovators | <input type="checkbox"/> Licensed Heating | <input type="checkbox"/> Septic | <input type="checkbox"/> BPI Installer |
| <input type="checkbox"/> EPA Certified RRP | <input type="checkbox"/> Licensed Electrical | <input type="checkbox"/> Earthwork | <input type="checkbox"/> BPI Energy Auditor |
| <input type="checkbox"/> EPA Certified Renovation Firm | <input type="checkbox"/> Lead Abatement Contractor | <input type="checkbox"/> Wells | <input type="checkbox"/> BPI QCI |
| <input type="checkbox"/> Other | Other Type _____ | | |

SECTION II – WORK HISTORY

List previous work related projects with contact information (use additional pages as needed):

1. _____

2. _____

3. _____

SECTION IV - INSURANCE REQUIREMENT

Please attach copies of in-force certificate of insurance(s) with the following minimum coverages:

- a.) Pollution Occurrence Insurance (POI);
- b.) General Commercial Liability in the amount of \$1,000,000 per occurrence / \$2,000,000 aggregate or more (Claims Made Policy is acceptable);
- c.) Worker's Compensation - Maine Statutory Limits; and
- d.) Vehicle Liability Insurance.

SECTION V – LEAD PAINT HAZARDS

Please attach a copy of a certificate showing that your company and all workers that will be performing work have attended the Renovation, Repair, & Painting (RRP) training (formerly Lead Smart Renovator) from a Maine DEP certified trainer (a U.S. Department of Housing & Urban Development requirement for all contractors who potentially could disturb lead-based paint in the course of their work).

SECTION VI – CERTIFICATION

Have you (or your company) ever been debarred by any state or federal agency?

Yes No If Yes, explain: _____

Have you (or your company) been a party to a contract cancelled by any state agency within the past five years?

Yes No If Yes, explain: _____

Have you (or your company) ever had a judgment entered against you in a civil action or are you currently involved in court proceedings involving fraud, deceit, theft, dishonesty, bankruptcy, antitrust violations, or any other cause affecting a person's responsibility as a Contractor?

Yes No If Yes, explain: _____

The undersigned certifies that all the above given information is true and complete to the best of his or her knowledge:

Date: _____

Signature of Authorized Agent of Company

Print Name of Authorized Agent of Company

FOR CAA USE ONLY	
Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Date:	_____
Made by:	_____
Comments:	_____ _____ _____
Contractor Notified:	_____

FOR MAINEHOUSING USE ONLY	
Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
Date:	_____
Made by:	_____
Comments:	_____ _____ _____
Contractor Notified:	_____