

Contractor Application

Company Information					
Company Name:	Physical Addr	ysical Address:		Phone:	
				Cell:	
				Fax:	
				Email:	
Business Structure: Corporation Partnership Sole Partnership Individual	Mailing Addre	Mailing Address:		SIC Code:	
CCB Registration Number:	Tax ID Number	Tax ID Number:		Specialized Area of Work:	
Expiration Date:					
Training Certificates			Licenses	Licenses	
1.			1.		
2.		2.	2.		
3.			3.	3.	
Principals of Company			1		
1. Name:			2. Name:		
Title:			Title:		
Phone:			Phone:		
Email:			Email:		
References - Two recently con	mpleted renovation	or lead a	abatement projects and	one credit reference from a vendor	
Project 1 Project 2		Vendor Reference			
Name: Name:		Name:			
Address: Address:			Address:		
Phone:	Phone:			Phone:	
Contact Name: Contact Name:			Contact Name:		
Date Job Completed: Date Job Completed:		ted:	Date Job Completed:		
Submissions with Applica	tion				
1. Licenses 2. Training	Certificates	3. Con	npany Insurance	4. ODHS Lead Based Paint Permit	
I certify that all information	contained in thi	s applic	cation is true and co	orrect to the best of my knowledge.	
Authorized Signature	Print nam	e	Title	Date	
Authorized Signature Print name		2	Title	Date	