

Lead Based Paint Hazard Control Program Contractor Information Form

Please type or print: COMPANY NAME _____	Page 1 of 4
ADDRESS _____ (STREET) (CITY) (STATE) (ZIP)	
EMAIL ADDRESS _____	
TELEPHONE(S) _____ (WORK) (CELL)	
EMPLOYER TAX # _____	
Check Type that best describes your business.	
_____ 1. General Contracting	_____ 7. Plumbing & Heating
_____ 2. Siding, Roofing, Insulation	_____ 8. Masonry
_____ 3. De-leading	_____ 9. Signs
_____ 4. Floor Covering	_____ 10. Asbestos Removal
_____ 5. Painting	_____ 11. Windows
_____ 6. Electrical	_____ 12. Other _____
Principals of Firm	
1. NAME _____	
ADDRESS _____ (STREET) (CITY) (STATE) (ZIP)	
TELEPHONE(S) _____ (DAY) (NIGHT)	
WORK EXPERIENCE	
2. NAME _____	
ADDRESS _____ (STREET) (CITY) (STATE) (ZIP)	
TELEPHONE(S) _____ (DAY) (NIGHT)	
WORK EXPERIENCE	
HISTORY OF COMPANY	
1. NUMBER OF YEARS IN BUSINESS _____	
2. NUMBER OF EMPLOYEES _____ (If number fluctuates give average)	
3. HAS YOUR CONTRACTOR'S LICENSE EVER BEEN REVOKED ____ YES ____ NO IF YES, PROVIDE DETAILS:	
4. ARE YOU A MEMBER OF TRADE OR CIVIC ASSOCIATION ____ YES ____ NO IF YES, WHICH ONE(S)	

5. Have any members of the firm been sued within the past 18 months by subcontractors, suppliers or customers? _____ YES _____ NO
 If yes, give details

6. Types and limits of Insurance:

	POLICY #	LIMITS	CARRIER
PROPERTY DAMAGE			
LIABILITY			
WORKER'S COMPENSATION			

7. CREDIT REFERENCES

SUPPLIER	TYPE OF MATERIALS	TELEPHONE #	CONTACT

8. Customers for whom you have completed similar work during the past two years

NAME:	TYPE OF JOB
ADDRESS:	TELEPHONE
NAME	TYPE OF JOB
ADDRESS	TELEPHONE

9. References from Community Development Programs that you have performed work for, if any:

NAME:	TYPE OF JOB
ADDRESS:	TELEPHONE
NAME	TYPE OF JOB
ADDRESS	TELEPHONE

LICENSE INFORMATION

Please list the following information for the license(s) you hold including Lead Paint, Lead-Safe Certifications

TYPE OF LICENSE	STATE LICENSED	LICENSE NUMBER	EXPIRATION DATE

WE REQUIRE A COPY (FRONT AND BACK) OF YOUR CERTIFICATE OF INSURANCE AND LICENSE(S) BE RETURNED WITH YOUR COMPLETED CONTRACTOR INFORMATION FORM.

Please provide the following information for reporting purposes.

RACE

White American	Black American	Native American	Hispanic	Asian/Pacific American	Hasidic Jews	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MINORITY OWNED (More than 50%) Yes No

WOMAN OWNED (More than 50%): Yes No

SECTION 3: Yes No

TYPE OF TRADE

New Construction	Other	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT ALL INFORMATION IN THIS STATEMENT, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS STATEMENT, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature)

(Date)

(Title)

Please return the completed form and its attachment(s) to:

Laura Chau
LBPHC Program Manager
Brockton Redevelopment Authority
50 School Street, 2nd FL
Brockton, MA 02301

If you have any questions regarding this form or the Lead Based Paint Hazard Control Program and procedures, please call the Brockton Redevelopment Authority office at (508) 586-3887 extension 2

Any additional information can be attached or placed in the space below.