

Date Received: \_\_\_\_\_

**HAMPTON REGIONAL HOUSING REHABILITATION PROGRAM**

**Serving**

**Hampton, Brooklyn, Chaplin, Eastford, Pomfret & Scotland**

**164 Main Street, Post Office Box 143**

**Hampton, Connecticut 06247**

**Telephone: 860 455 9132, ext. 8**

**CONTRACTOR REGISTRATION FORM**

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

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Corporation     LLC     Sole Proprietorship     LLP     Partnership

Federal Employer I.D. # or Social Security #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Certified Minority-Owned Business?  Yes     No    Certified Woman-Owned Business?  Yes     No

Certified Small Business?                       Yes     No    Section 3 Business?                                       Yes     No

*If "yes" to any of the above, please include certification when returning this form.*

Owner(s) of Company:

	Name & Title	Home Address	Home Telephone	SS #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Number of Employees (include owners): \_\_\_\_ FT    \_\_\_\_ PT    Years in Business: \_\_\_\_\_

Have you been in business or been a principal/owner in a contracting under a different name within the last five years?     Yes     No    If yes, provide name of past business and reason for change:

\_\_\_\_\_

Approximate Gross Revenues during past 12 months: \$\_\_\_\_\_

Indicate the number of contracts for the firm in each of following ranges during past 12 months:

< \$15,000 \_\_\_\_ \$15,000-30,000 \_\_\_\_ \$30,000-50,000 \_\_\_\_ \$50,000-100,000 \_\_\_\_ > \$100,000 \_\_\_\_

General Type(s) of Work Performed by Company: \_\_\_\_\_

\_\_\_\_\_

Check all that apply:

General     Septic     Wells/water treatment     Lead Abatement     Other \_\_\_\_\_

LICENSES & CERTIFICATES

Home Improvement Construction License #: \_\_\_\_\_

Lead License #: \_\_\_\_\_

Do you have: HUD Lead Safe Work Practice Training Certificate?     Yes     No

EPA RRP Training Certificate?     Yes     No

Additional Licenses or Certificates Held:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had your license suspended or revoked?     Yes     No

If so, explain: \_\_\_\_\_

***Include copies of all current company and personal licenses and certificates when returning this registration form.***

List three (3) suppliers with whom you currently do business.

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List three (3) references from projects you have completed within the past year.

	Name & \$ Amount of Project	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If you are registered as a contractor with other similar programs to ours, please indicate the community(ies) and/or organization(s) that you are registered with:

\_\_\_\_\_

Please note that contractors will not be awarded contracts through the Hampton Regional Housing Rehabilitation Program until evidence of appropriate licenses, Lead Safe Work Practices training, EPA RRP training, Home Improvement Registration, and a Certificates of Insurance are provided. The following insurance is required: Public Liability and Property Damage Insurance in an amount not less than \$500,000 for injuries, including accidental death to each person, and subject to the same limit for each person in an amount not less than \$1,000,000 on account of each accident and Property Damage Insurance in an amount not less than \$250,000 per accident and \$500,000 aggregate. Most contracts will also require evidence of Environmental Pollution Liability insurance in an amount not less than \$1,000,000 per accident and \$2,000,000 aggregate.

The Contractor shall maintain, during the life of this Contract, Worker's Compensation Insurance for all of its employees engaged in work under this Contract and, if any such work is sublet, the Contractor shall ensure that the subcontractor and all his employees engaged in such work are covered by a Worker's Compensation Policy. The intent of these requirements is to ensure that all persons who can be insured and are engaged in work under this contract are covered by a Worker's Compensation policy. Any employment or subcontract arrangement that leaves a worker unprotected is not acceptable for participating as a contractor in the Hampton Regional Housing Rehabilitation Program.

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Include copies of all current company and personal licenses and certificates when returning this registration form. Also include insurance certificates for the above mentioned coverage requirements. Please complete and submit the Contractor Registration Supplemental Form (Section 3).**



**The Town of Hampton encourages participation by Section 3, Small, disadvantaged-, minority- and/or woman-owned business enterprises. Hampton is an Equal Opportunity/Affirmative Action Employer.**