

APPLICATION FOR APPROVED GENERAL CONTRACTOR LIST

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

Company Name: _____

Company Address: _____

PA Attorney General Contractors Number: _____ Expiration Date: _____ **-Provide Copy**

Is your company registered with the EPA as a Certified LBP Renovation firm? _____ Y _____ N

EPA Company Certification #: _____ Expiration Date: _____ **-Provide Copy**

EPA Renovator Certificate #: _____ Expiration Date: _____ **-Provide Copy**

Telephone: () _____ Fax: () _____ E-Mail: _____

Federal ID or SSN #: _____ Liability insurance carrier: _____

Company is a _____ Corporation _____ Partnership _____ Sole Proprietorship

Name of Principal(s): _____

Number of years in business: _____ Number of employees (average): _____

Have you and/or any of your workers taken the HUD approved lead-based paint Safe Work Practices training?
_____ Y _____ N If yes, how many are trained? _____ **(Provide copies of all Certificates)**

Have you and/or any of your workers taken the EPA Renovate, Repair and Painting Training (RRP)?
_____ Y _____ N If yes, how many are trained? _____ **(List names and Provide copies of all Certificates)** Use additional sheets if necessary.

List name, address, and telephone number of four references that you have done work for over the last two years.

1. _____
2. _____
3. _____
4. _____

OVER



It is a requirement of the Owner-Occupied Housing Rehabilitation Program that all contractors maintain and furnish evidence of Comprehensive Liability Insurance and Workers Compensation Insurance (if you have employees) while performing work funded in full or part by the various municipalities/counties that your company is approved to provide rehabilitation services. Please provide a Certificate of Insurance with your application.

Check the communities/counties below that you are interested in providing rehabilitation of owner-occupied homes:

- | | | |
|-------------------------------|-----------------------------|-------------------------------------|
| _____ Borough of Berwick | _____ Montour County | _____ Borough of South Williamsport |
| _____ Town of Bloomsburg | _____ Borough of Mt. Carmel | _____ City of Sunbury |
| _____ Borough of Jersey Shore | _____ Mt. Carmel Township | _____ Sullivan County |
| _____ Juniata County | _____ Milton Borough | |
| _____ City of Lock Haven | _____ Snyder County | |

Before being awarded a contract, you must provide a copy of a Certificate of Insurance for the specific municipality(ies)/county(ies) **and** SEDA-Council of Governments named as Certificate Holders and as Additional Insured. Providing no less than 10-days' notice of cancellation. **All certificates should be made out to the specific local government and SEDA-Council of Governments, and mailed to C/O SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837.**

I, on behalf of and as an authorized representative of _____, hereby apply for inclusion on the Owner-Occupied Housing Rehabilitation Programs for the communities indicated pre-approved contractor list. I understand that inclusion on this list requires a Certificate of Insurance as Additional Insured, with a no less than ten- (10) day notice of modification or cancellation for both the Communities applied for and SEDA-Council of Governments must be named as "Additional Insured" once awarded a project, these are to be mailed to **c/o SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837** by my insurance carrier, and I agree to instruct my carrier to provide and maintain said certificate. Inclusion on the pre-approved contractor list does not imply any assurance that my bids will be successful.

Signature

Date

SEDA-Council of Governments
Housing Rehabilitation Program
201 Furnace Road
Lewisburg, PA 17837
570-524-4491

