

## CONTRACTOR'S DATA SHEET

Firm Name	Street	City and State	Zip Code
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\_\_\_\_\_ Corporation ( ) Partnership ( ) Privately Owned ( )

Contact Person/Telephone No. \_\_\_\_\_

Please enter the names of corporation officers (if corporation), partners (if partnership), owner (if private)

Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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_____	LIST CONSTRUCTION EXPERIENCE OF EACH OF THE PRINCIPALS: (Indicate if experience is new construction, rehabilitation, historic renovation)
No. of Years in Business	

_____
_____
_____
_____
_____

Other cities in which your firm or principals have operated \_\_\_\_\_

Business references (include local banks and material suppliers):

Name	Address	Phone No.
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Name	Address	Phone No.
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Name	Address	Phone No.
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Name	Address	Phone No.
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Name	Address	Phone No.
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Recent customers with whom you have done business:

Name	Address	Phone No.	\$ _____
			Amount

Name	Address	Phone No.	\$ _____
			Amount

Name	Address	Phone No.	\$ _____
			Amount

\_\_\_\_\_  
Firm Name

Firms with which you have established credit:

_____ Name	_____ Address	_____ Phone No.
_____ Name	_____ Address	_____ Phone No.
_____ Name	_____ Address	_____ Phone No.

Have you ever filed for bankruptcy? \_\_\_\_\_

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further agrees:

1. That the \_\_\_\_\_ (City, State, or County) contracts license class \_\_\_\_\_ and bond therefore are current, and that the undersigned contractor agrees to maintain current status of all licenses and bonds as required by the \_\_\_\_\_ (City, State, or County).
2. That the contractor will perform the work in accordance with the description of work, general specifications and all applicable \_\_\_\_\_ (City, State, or County) codes and zoning regulations and be subject to a final inspection by \_\_\_\_\_.
3. That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the \_\_\_\_\_ (City, State, or County) may remove his/her name from the list of selected contractors without notice.
4. That any required insurance and workman's compensation will be provided by the contractor on request.
5. That she/he will abide by all applicable equal employment opportunity regulations.

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

By: \_\_\_\_\_

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