

C O N T R A C T O R A P P L I C A T I O N
C I T Y O F N E W L O N D O N
Lead Hazard Reduction Program
111 Union Street
New London, CT 06320
(860) 447-5245
(860) 437-4467 Fax

All licensed lead contractors are invited to indicate their interest in New London's Lead Hazard Reduction Program by:

- ✓ Completing this form
- ✓ Be sure to include Social Security Number or Tax Identification Number **and**
- ✓ Proof of Insurance is Required (A minimum of \$1,000,000) **and**
- ✓ Home Improvement Contractor Registration #
- ✓ State of Connecticut Lead Contractor License #

SSN or Tax ID Number

Date

Name of Contractor

Home Imp. Reg. #

Name of Business (if different from Contractor)

Lead Cont. Lic. #

Business Address

Phone Number

Home Address

Phone Number

Type of Contractor: (Primary Trade or Specialty): _____

Number of Years in Business: _____

Number of Employees: _____

Approximate dollar volume of work completed in the last five years: _____

The N.L. L-HARP reserves the right to conduct a background check with CT OSHA and the Department of Labor to determine any outstanding compliance issues. Also N.L. L-HARP may contact other Health Departments and Stated funded programs to investigate prior or outstanding compliance violations. We reserve the right to refuse non-compliant contractors to bid on projects funded by this program.

Check appropriate boxes below to indicate types of work to be done:

- | | | |
|---|--|---|
| <input type="checkbox"/> Gutter Repairs | <input type="checkbox"/> Ceiling Installation | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Home Improvements | <input type="checkbox"/> Chimney Building | <input type="checkbox"/> Glazing |
| <input type="checkbox"/> Ironwork (ornamental) | <input type="checkbox"/> Chimney Cleaning | <input type="checkbox"/> Caulking |
| <input type="checkbox"/> Landscape Construction | <input type="checkbox"/> Chimney Repairing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Contracting (General) | <input type="checkbox"/> Driveway Construction | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Oil Burner Service | <input type="checkbox"/> Electric Contracting | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Electrical Repairs | <input type="checkbox"/> Fence Building | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Fire Escape Erection | <input type="checkbox"/> Floor Refinishing | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Tile (Ceramic) | <input type="checkbox"/> Furnace Installation | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Weather Stripping | <input type="checkbox"/> Floor Laying |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Lead Paint Abatement |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Asbestos Removal |

Insurance Information

Amount of Insurance Carried by Contractor: \$ _____

Workman's Compensation:

Name of Company: _____

Amount: \$ _____

Public Liability

Name of Company: _____

Amount: \$ _____

Other

Name of Company: _____

Amount: \$ _____

Is your company registered with the State of Connecticut's Department of Economic Development as a (please check any of the following):

- _____ Small Business
_____ Minority Owned
_____ Female Owned

Customer References
Property Owners for Whom You Have Recently Completed Work

Reference #1

Customer Name	Phone Number
Address	
Job Site (If different)	
Type of Job	

Reference #2

Customer Name	Phone Number
Address	
Job Site (If different)	
Type of Job	

Reference #3

Customer Name	Phone Number
Address	
Job Site (If different)	
Type of Job	

Name of Material Suppliers:

Remarks:
