



TOWN OF PLYMOUTH
OFFICE OF
COMMUNITY DEVELOPMENT

26 Court Street Plymouth, Massachusetts 02360
Phone: (508) 322-3320

CONTRACTOR'S APPLICATION

PART I. GENERAL:

Name of Firm: _____

Address: _____

Tax ID #: _____

Best Phone #: _____

Contact: _____

Email: _____

PART II. QUALIFICATIONS TO BID:

A contractor may be considered eligible to bid on project funded by the Office of Community Development Housing Rehab Program where certain minimum eligibility requirements are satisfied. These include:

1. Possession of a valid Mass. Construction Supervisors License & Home Improvement Contractors Registration
2. Provision of Liability Insurance- \$1,000,000.00
3. Contractor is not listed on the Massachusetts Debarred Contractors List as maintained by the Division of Capital Planning & Operations (DCPO)
4. Contractor will need to supply 3 references from previous homeowner clients
5. Contractor will need to be an established business for a minimum of 1 year

No Contractor shall be approved as an eligible bidder unless the above thresholds are met. In addition, the Office will review and consider:

1. Trade, supplier and client references
2. Satisfactory performance under office contracts

LICENSES:

1. Do you possess a valid Massachusetts Construction Supervisor's License?
Yes No

License Number: _____ (Please attach a copy)

Year Issued: _____

2. Are you a Registered Home Improvement Contactor? Yes No

License Number: _____ (Please attach a copy)

Year Issued: _____

3. What other licenses, training or certificates do you hold?

INSURANCE:

1. Through what Agency do you have Liability Insurance? (Please Attach a Copy)

Name of Agency & Contact Person	Contact Person Phone #
---------------------------------	------------------------

2. Through what Agency do you provide Workmen's Compensation Insurance?
(Please Attach a Copy)

Name of Agency & Contact Person	Contact Person Phone #
---------------------------------	------------------------

FINANCIAL INFORMATION:

1. Have you filed for Bankruptcy? Yes No

a. If yes, when? _____

i. If discharged, please provide discharge documentation.

2. Do you have any Business Insurance Claims not Satisfied? Yes No
- a. If yes, explain:

BUSINESS INFORMATION:

1. List the names, address, and telephone numbers of Subcontractors you usually and customarily employ on jobs requiring trade skills other than, or in addition to, your own:

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

2. Have you ever Bid or been awarded a contract for any work funded in whole or in part by a Public Agency? Yes No

3. How long (in years/months) have you been in business? _____

REFERENCES:

1. Please list three (3) *Trade References* who may be contacted by The Office of Community Development:

First Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Second Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Third Reference:

Name: _____

Address: _____

Phone: _____

2. Please list three (3) *Client References* who may be contacted by The Office of Community Development:

First Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Second Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Third Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

3. Please list two (2) *Individual References* who may be contacted by The Office of Community Development:

First Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Second Reference:

Name: _____

Address: _____

Phone: _____

Email: _____

Submitted By:

Contractor Name

Contractor Signature

Date