North Central Regional Planning Commission
Contractor Information Form

Please fill out all fields

Business Name:_____

Business Owner:_____

Address:_____

Phone:_____ **Email:**_____ **Fax:**_____

Fed. ID/Tax ID/SS #_____ **UEIN #** _____

Years in Business: _____ Number of Employees: _____

Please check which areas you are interested in working in:

☐ Weatherization ☐ HVAC ☐ Rehabilitation ☐ Demolition

Work Related References (mandatory five)

Name	Address	Phone

Experience/Training/Additional Certifications

_____

_____

_____

_____

_____

******It is expected for all contractors to warranty their work for one year after completions******

I hereby acknowledge that I will be responsible for any and all required licenses, permits, and warranties. I also understand that I maintain all of the legal liability for my efforts on projects.

Further, any false information on this form would be sufficient reason for rejection and/or removal from the contractor list for the North Central Regional Planning Commission.

_____ _____

Signature Date