

**CONTRACTOR'S REGISTRATION FORM**

Name of Firm: \_\_\_\_\_ Tax#: \_\_\_\_\_ Dun#: \_\_\_\_\_

Individual: \_\_\_\_\_ SSA#: \_\_\_\_\_ CCR#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Time to Contact: Business: \_\_\_\_\_ Home: \_\_\_\_\_

**TYPE OF BUSINESS: (Check all that apply)**

General Contractor	_____	License #:	_____	Carpenter	_____
Electrical	_____	License #:	_____	Painting	_____
Plumbing	_____	License #:	_____	Roofing	_____
Siding	_____	OTHER	_____	Demolition	_____

**LEAD PAINT:**

Do you and your employees have Lead Safe Work Practices Class Certificates?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, attach certificate(s).

**RENOVATE, REPAIR AND PAINT:**

Do you and your employees have Renovate, Repair and Paint certification through an EPA, HUD or State-accredited training provider. Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, attach certificate(s).

**INSURANCE: (check one)**

Do you carry Bodily Injury insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you carry Property Damage insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are your workers covered by Workman's Compensation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**LIST ALL SUBCONTRACTORS THAT WILL BE WORKING FOR YOU:**

**ELECTRICAL CONTRACTOR:**

Name of Firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ License #: \_\_\_\_\_

**PLUMBING CONTRACTOR: \_\_\_\_\_**

Name of Firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ License #: \_\_\_\_\_

**OTHER:**

Name of Firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ License #: \_\_\_\_\_

**REFERENCES:**

**BANK:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MATERIALS SUPPLIER:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MATERIALS SUPPLIER:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CUSTOMER:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type Job: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**CUSTOMER:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type Job: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**COMMUNITY DEVELOPMENT PROGRAM:**

Local Government: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMMUNITY DEVELOPMENT PROGRAM:**

Local Government: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMMUNITY DEVELOPMENT PROGRAM:**

Local Government: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of the undersigned's knowledge and belief.

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**SECTION 3 AFFIRMATIVE ACTION PLAN**

The undersigned contractor agrees to implement the following specific affirmative action steps directed at increasing the utilization of lower income residents and businesses within the project area.

- A. To ascertain from the locality's program official the exact boundaries of the Section 3 covered project area and where advantageous, seek the assistance of local officials in preparing and implementing the affirmative action plan.
- B. To attempt to recruit from within the project area the necessary number of lower income residents through: Local advertising media, signs placed at the proposed site for the project, and community organizations and public or private institutions operating within or serving the project area such as Service Employment and Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League, Concentrated Employment Program, Hometown Plan, or the U.S. Employment Service.
- C. To maintain a list of all lower income area residents who have applied either on their own or on referral from any source, and to employ such persons, if otherwise eligible and if a vacancy exists.
- D. To insert this Section 3 plan in all bid documents, and to require all bidders on subcontracts to submit a Section 3 affirmative action plan including utilization goals and the specific steps planned to accomplish these goals.
- E. To insure that subcontracts which are typically let on a negotiated rather than a bid basis in areas other than Section 3 covered project areas, are also let on a negotiated basis, whenever feasible, when let in a Section 3 covered project area.
- F. To formally contact unions, subcontractors and trade associations to secure their cooperation for this program.
- G. To insure that all appropriate project area business concerns are notified of pending sub-contractual opportunities.
- H. To maintain records, including copies of correspondence, memoranda, etc., which document that all of the above affirmative action steps have been taken.
- I. To appoint or recruit an executive official of the company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan.

The undersigned has read and fully agrees to become a party to the full implementation of this Community Development Program and Affirmative Action Plan.

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title