



LINCOLN

2530 'Q' St. Lincoln, NE. 68503 402-477-7181 Email: staff@nwlincoln.org

Contractor Application (An incomplete form will not be accepted)

Name:	Business Name:
Address / PO Box:	Telephone Number(s):
City:	E-Mail Address:
State: Zip:	Other:

Information from Contractor Applicants

1. Construction trade in which you are interested.

2. Indicate the amount of experience you have had in each of the trades listed below by rating as 1, 2, 3, or 4.

1 = Large Amount of Experience
2 = Some Experience

3 = Little Experience
4 = No Experience

- | | |
|-----------------------------|---------------------------------------|
| a. _____ Concrete Slabs | h. _____ Interior Finish Work |
| b. _____ Insulation | i. _____ Plumbing |
| c. _____ Vinyl Siding | j. _____ Heating and Cooling |
| d. _____ Codes | k. _____ Drywall |
| e. _____ Window Replacement | l. _____ Painting |
| f. _____ Framing | m. _____ Flooring |
| g. _____ Electrical Work | n. _____ List other areas of interest |

3. How long have you been in the construction business?

4. In what areas and trades are you licensed in this jurisdiction?

5. How many employees do you employ full-time and/or Part-time?

6. Are you Lead Based Paint Safe Work Practice Certified? (One day class training)

Yes, copy of certificate attached. No

7. If you had your choice of construction work, with which type do you prefer:

New Construction or Rehab of Existing Homes (circle one or both)

8. Contractor's General Liability Insurance

a. Name of Insurance Company: _____

b. Agent Name: _____

c. Phone: _____

9. Please provide the names and phone numbers for three references.

a. _____

b. _____

c. _____

10. List other information you would like to add that would be pertinent. (Use back of sheet if needed)

Signature _____ Date _____

