

CITY OF OROVILLE
HOUSING REHABILITATION PROGRAM
CONTRACTOR'S APPLICATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

OFFICERS AUTHORIZED TO EXECUTE DOCUMENTS:

CONTRACTOR'S LICENSE: _____ HOW LONG IN BUSINESS:

FEDERAL I.D. #: _____ SOCIAL SECURITY #: _____

AMOUNT OF INSURANCE CARRIED: _____ TYPE: _____

INSURANCE COMPANY: _____

ADDRESS: _____

DO YOU HAVE WORKER'S COMPENSATION, OR ARE YOU EXEMPT? _____

IF YOU HAVE WORKER'S COMPENSATION, PLEASE PROVIDE THE INSURANCE
NAME _____ PHONE NUMBER

LIST OF SUPPLIERS, ADDRESSES AND PHONE NUMBERS:

LIST OF SUBCONTRACTORS, ADDRESS AND PHONE NUMBERS:

LIST OF WORK REFERENCES, ADDRESS AND PHONE NUMBERS:

