

PAWTUCKET REDEVELOPMENT AGENCY
Residential Rehabilitation and Lead Abatement

Full Name of Firm: _____

Business Address: _____

Business Telephone No: _____

State Certification No: _____ Lead License No: _____

Federal ID No. or Social Security No: _____

Is the company or firm a corporation? partnership? other?

If corporation or partnership, list the names of the members and their titles:

Type of business: general contractor other

Primary trades or specialty: carpentry painting electrical

plumbing siding landscaping roofing heating

masonry other

Number of years in business: _____ Number of employees: _____

List of builder's licenses, if any, which you carry: _____

Insurance carrier or agent: _____

Address: _____

Telephone No: _____

Amount of insurance: Bodily injury _____ Property damage _____

Is your business covered by Workers' Compensation: yes no

Name of Workers' Compensation carrier or agent: _____

Address: _____ Phone No: _____

Material suppliers' names & addresses: _____

Bank references: _____

Customer references (property owners for whom you recently completed work):

Customer's name & address: _____

Type of work: _____

Customer's name & address: _____

Type of work: _____

Customer's name & address: _____

Type of work: _____