

**City of Dearborn Heights  
Residential Rehabilitation Program  
Certified General Lead Abatement Contractor  
Application**

Company Name	Phone	
Address	Fax	
Email Address	Date	
City	State	Zip

Name, Address of Principle owners (List all persons with over 15% interest)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip

**GENERAL INFORMATION** (Please answer the following):

1. How long has this company been in existence? \_\_\_\_\_  
(Provide copy of incorporation)

2. What is your Contractor License Number? \_\_\_\_\_  
(Provide copy of contractor license)  
When does your license expire? \_\_\_\_\_

3. Can the company obtain a Performance and Labor Bond?  Yes  No  
If so, who is surety and what are the bonding limits?

Name of Surety \_\_\_\_\_ Bonding Limit \_\_\_\_\_

4. Does your company have worker's compensation insurance?  Yes  No  
(Provide copy)

5. Does your company have liability insurance?  Yes  No  
(Provide copy)

6. What is the name of your company's financial institution?

Name: \_\_\_\_\_

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

7. Is this company Minority owned?  Yes  No  
Is this company Woman owned?  Yes  No  
Is this company Veteran owned?  Yes  No

- 8 Are you a State of Michigan Certified Lead Abatement Contractor?  
 Yes  No (if No, stop here, you are not qualified)

**(Please provide a copy of your State of Michigan Lead Certificate and provide copies of all licensing/certification for all Lead Abatement Workers and Supervisors)**

9. Please list the communities where you participate in rehabilitation projects:

\_\_\_\_\_

**PERFORMANCE RECORD** (Please answer the following)

1. What type of work does your company perform?

\_\_\_\_\_  
\_\_\_\_\_

2. Check type of construction work the company has completed:

Rehabilitation Contractor  Plumbing  Windows and Doors  
 Electrical  Heating  Siding/Trim  
 Insulation  Cement  Other: \_\_\_\_\_

3. What trade does the company / subcontract?

Trade	Name of Subcontractor (Provide copies of all licensing)
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**WORKFORCE INFORMATION**

1. How many employees are employed by this company? \_\_\_\_\_

2. Is the company workforce unionized?  Yes  No  
(Provide copies of all licensing)

Are you a debarred contractor?  Yes  No

<https://www.sam.gov/portal/public/SAM/>

If yes is checked, STOP here you do not qualify.

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## **APPLICANTS CERTIFICATION**

I certify that all information on this application and all information furnished in support of this application are given for the purpose of qualifying to be placed on the courtesy contractor list for Residential Rehabilitation work assisted by the City of Dearborn Heights, and it is true and complete to the best of my knowledge. Verification may be obtained from any source named herein.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_