

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

\_\_\_\_\_  
Company Name \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City State Zip

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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

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**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

8. Are you a Certified Lead Abatement contractor?  Yes  No

**(Provide copies of all licensing/certification for all certified workers)**

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?

Trades

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)

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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 bid and receive contracts 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: \_\_\_\_\_

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