

CONTRACTOR QUESTIONNAIRE & REGISTRATION

Business Name: _____

Owner/Contact Person: _____

Address : _____

Phone Number: _____

E-Mail: _____

Number of years in business: _____ PA Registration #: _____

Number of Employees: _____

Please list names of employees below:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Carrier Name & Address: _____

Policy Number: _____ Expiration Date: _____

Services provided through your company: _____

Lead Certifications: Yes No

Is your company willing to be certified with lead training: Yes No

Is your company interested in affiliation with the Elk County Planning Department as a conduit for access to federal and state programs, such as the Community Development Block Grant, PA Accessible Housing Program, and the Elk County Rehabilitation (HOME) Program? If yes, check all that apply.

Community Development Block Grant

PA Accessible Housing Program

Elk County Rehabilitation
(HOME) Program

Has your company participated before? Yes No

Is your company a Minority Business Enterprise/Women Business Enterprise (MBE/WBE)? Yes No

Signature _____ Date _____