

ONONDAGA COUNTY COMMUNITY DEVELOPMENT DIVISION

CONTRACTOR'S DATA FORM

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

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

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

Business phone number(s): \_\_\_\_\_  
\_\_\_\_\_  
(include all beepers, fax, cell phones etc.)

Names & Addresses of all owners and partners:  
\_\_\_\_\_  
\_\_\_\_\_

Please list your Federal I.D. # \_\_\_\_\_ or Social Security # \_\_\_\_\_  
(the number that you use for the business on your tax form)

Number of years in business: \_\_\_\_\_

Is your firm a certified MBE ? \_\_\_\_ Yes \_\_\_\_ No      Minority Group \_\_\_\_\_

Is your firm a certified WBE ? \_\_\_\_ Yes \_\_\_\_ No

All contractors must have EPA Certification under the Renovation, Repair and Painting (RRP) regulation. Please provide a copy of the firm certificate as well as for trained individuals.

Is your firm and/or employees certified by the EPA in regards to any other Lead paint activities? \_\_\_\_ Yes \_\_\_\_ No  
Explain \_\_\_\_\_

Other Lead Paint Awareness training? \_\_\_\_ Yes \_\_\_\_ No Explain \_\_\_\_\_  
If Yes to either, please provide a copy of all relevant certificates.

List all **licenses** currently held by the contractor, include number(s) and expiration date(s):  
\_\_\_\_\_

**Business References** (Include local banks/anyone financing your work): \_\_\_\_\_  
\_\_\_\_\_

References-List **Names, complete addresses, and phone numbers** of your last four customers:  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

List all **types of work** your firm can perform: (Be specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the **programs** you would like to participate in:  
\_\_\_\_ housing rehabilitation programs      \_\_\_\_ commercial rehabilitation programs  
\_\_\_\_ home ownership programs (Vacant house rehabilitation)

Check the **municipalities** listed below in which you are willing to work:

| <b>TOWNS</b> |     |             |     | <b>VILLAGES</b> |     |             |     |
|--------------|-----|-------------|-----|-----------------|-----|-------------|-----|
| Camillus     | ___ | Marcellus   | ___ | Baldwinsville   | ___ | Manlius     | ___ |
| Cicero       | ___ | Onondaga    | ___ | Camillus        | ___ | Marcellus   | ___ |
| Clay         | ___ | Otisco      | ___ | E Syracuse      | ___ | Minoa       | ___ |
| Dewitt       | ___ | Pompey      | ___ | Elbridge        | ___ | N Syracuse  | ___ |
| Elbridge     | ___ | Salina      | ___ | Fabius          | ___ | Skaneateles | ___ |
| Fabius       | ___ | Skaneateles | ___ | Fayetteville    | ___ | Solvay      | ___ |
| Geddes       | ___ | Spafford    | ___ | Jordan          | ___ | Tully       | ___ |
| Lafayette    | ___ | Tully       | ___ | Liverpool       | ___ |             |     |
| Lysander     | ___ | Van Buren   | ___ |                 |     |             |     |
| Manlius      | ___ |             |     |                 |     |             |     |

**All municipalities listed above** \_\_\_\_\_

THE UNDERSIGNED CONTRACTOR CERTIFIES that all information given herein is correct and further agrees:

- 1) That the undersigned contractor agrees to maintain in a current status all licenses as required by the State of New York;
- 2) That the work will be performed in accordance with all codes, standards, zoning regulations and specifications, subject to a clear final inspection by the Community Development Division;
- 3) That if work performed by the Contractor is found to be unsatisfactory by the Community Development Division or if contract relations between the contractor and homeowner are found to be unsatisfactory, the contractor's name may be removed from the approved list;
- 4) That required insurance will be provided; and
- 5) That contractor will abide by U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to:

**Attn: Tony Mueller Or Ed Donohue**  
**Onondaga County Community Development Division**  
**1100 Civic Center**  
**Syracuse, New York 13202**  
**(315) 435-3558**

(\Forms\CtrDForm.doc)