

CITY OF IRVING
HOUSING & HUMAN SERVICES DEPARTMENT
2520 W. Irving Blvd., Suite 300 75061
972-721-4813 FAX

CONTRACTOR APPLICATION

To participate in the City's Housing Programs, General Contractors must be bonded, meet all insurance requirements as specified by the City of Irving Risk Management Office, and provide satisfactory references. General contractors interested in participating in the City's Housing Programs should contact the Housing Rehabilitation Specialist at 972-721-4800 for further information or use the application form provided below.

1. NAME OF COMPANY _____

2. NAME OF OWNER _____

3. BUSINESS ADDRESS _____
Street

City	State	Zip
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4. BUSINESS TELEPHONE _____

5. AFTER HOURS PHONE _____

6. HOW LONG IN BUSINESS _____

SPECIALIZED SERVICES _____

7. NUMBER OF EMPLOYEES ON PAYROLL _____

8. APPROXIMATE VOLUME OF LAST YEARS BUSINESS _____

9. APPROXIMATE VOLUME OF THIS YEARS BUSINESS _____

10. ATTACH A COPY OF YOUR RECENT FINANCIAL STATEMENT (IF YOU HAVE ONE)

11. SUPPLIERS YOU DO BUSINESS WITH

NAME	CONTACT	PHONE

12. LIST OF SUB-CONTRACTORS WITH WHOM YOU REGULARLY DO BUSINESS

CARPENTRY _____

Minority Business Enterprise

Women Business Enterprise

ELECTRICAL _____

Minority Business Enterprise

Women Business Enterprise

PLUMBING _____

Minority Business Enterprise

Women Business Enterprise

ROOFING _____

Minority Business Enterprise

Women Business Enterprise

MASONRY _____

Minority Business Enterprise

Women Business Enterprise

MECHANICAL _____

Minority Business Enterprise

Women Business Enterprise

PAINTING _____

Minority Business Enterprise

Women Business Enterprise

13. PRIVATE CUSTOMERS FOR WHOM YOU'VE RECENTLY COMPLETED WORK

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. LIST FEDERAL AND/OR CITY CONTRACTS WHICH YOU HAVE COMPLETED

TYPE	CONTACT PERSON	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. LIST BUSINESS REFERENCES, INCLUDING BANKS

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. HAVE YOU EVER BEEN CONVICTED OF VIOLATING FEDERAL, STATE OR LOCAL LAW IN THE COURSE OF DISCHARGING YOUR DUTIES AS A CONTRACTOR.

YES NO

IF YES, PLEASE EXPLAIN _____

TAX ID # _____

PERSONAL NAME _____

SPOUSE'S NAME _____

SOCIAL SECURITY _____ HOME PHONE _____

HOME ADDRESS _____

PREVIOUS ADDRESS _____

DRIVER'S LICENSE # _____ ISSUED _____

IF PARTNER OR SOLE PROPRIETORSHIP, NAMES (S) OF PARTNERS OR OWNERS

IF CORPORATION, NAME'S OF PRINCIPAL OFFICERS _____

EMPLOYER ID # _____

SS# _____

NAME, POLICY #, EXPIRATION DATE OF INSURANCE CARRIER

WORKERS COMP _____

LIABILITY _____

AUTO _____

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AUTHORIZED SIGNATURE _____

TITLE _____

DATE _____