



NJ REGISTERED GENERAL CONTRACTOR APPLICATION

Please Print

Date _____

A. Business

Name _____

Corporation LLC Sole Proprietorship Partnership

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____ Employer's Tax No. _____

B. Principals of Business

1. Name _____ Title _____

Home Address _____

City, State, Zip _____ Phone _____

Education _____ Work Experience _____

2. Name _____ Title _____
 Home Address _____
 City, State, Zip _____ Phone _____
 Education _____ Work Experience _____

3. Name _____ Title _____
 Home Address _____
 City, State, Zip _____ Phone _____
 Education _____ Work Experience _____

C. Business Background

Please Submit Copy of Proof of New Jersey State Contractor Registration with Questionnaire

Number of years in Business _____ Number of Employees _____

Trades _____ (Provide Averages if Number Fluctuates)

New Jersey State Contractor Registration Number _____

Where registered _____ (Submit Copy with Application)

Have you ever had your Contractor or Home Improvement Registration revoked?

Yes No

Please Submit Copies of all Owner and Employee New Jersey Lead Renovator Certifications

List Names of All Owners and Employees Who Have New Jersey Lead Renovator Certification

Are you a member of any trade or civic association?

NAHB NHIC Other _____

Has your company or any company employees been sued within the past 18 months by subcontractors, suppliers, or customers? If so, please provide details:

D. Types and Limits of Insurance

Please Submit Copy of Proof of Property Damage, Liability, Workers Compensation, and Vehicle Insurance with Questionnaire

Type	Policy Number.	Limit of Liability	Insurance Company
Property Damage			
Liability			
Workers Compensation			
Vehicle			

E. Banking Information

Bank Name	Address	Last 4 Digits Account Number	Years Active

F. References

Name of Supplier	Type of Materials	Contact Name	Contact Phone

G. Subcontractors Employed

Name of Subcontractor	Trade	Contact Name	Phone

H. Customers Who Have Hired You for Your Services During the Past Two Years

1. Name _____ Phone _____

Address _____ City, State, Zip _____

Type of Job _____ Contract Price \$ _____ Date Completed _____

2. Name _____ Phone _____

Address _____ City, State, Zip _____

Type of Job _____ Contract Price \$ _____ Date Completed _____

H. Customers Who Have Hired You for Your Services During the Past Two Years Continued

3. Name _____ Phone _____

Address _____ City, State, Zip _____

Type of Job _____ Contract Price \$ _____ Date Completed _____

4. Name _____ Phone _____

Address _____ City, State, Zip _____

Type of Job _____ Contract Price \$ _____ Date Completed _____

All answers to this questionnaire must be clear and comprehensive. If necessary, questions may be answered on separate sheets on the contractor’s letterhead. Applicants are welcome to submit any additional information regarding their background, experience, skill-set, and accomplishments.

Should you have any questions about this application, please contact HIP at **(201) 336-7230** or at **GetHIPWork@co.bergen.nj.us**

Completed and signed Pre-Qualification Questionnaires along with requested documentation may be received via email, postage mail, or hand delivery. Email submissions should be sent to GetHIPWork@co.bergen.nj.us and postage mail or hand-delivery of applications should be directed to:

**Bergen County Home Improvement Program
Division of Community Development
One Bergen County Plaza, 4th Floor
Hackensack, New Jersey 07601**

The undersigned certifies that all information in this questionnaire, and all information furnished in support of this questionnaire, is true and complete to the best of the undersigned’s knowledge and belief.

PRINT NAME SIGNATURE TITLE DATE

PRINT NAME SIGNATURE TITLE DATE

PRINT NAME	SIGNATURE	TITLE	DATE
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CORPORATE SEAL (if applicable)

By: _____