THE BATTLEFORDS
HOUSING AUTHORITY

Contractor Application Form

<u>General Information and Instructions</u>:

1. The application form will only be completed with the submission of the following documents:
    a. Completed application form.
    b. Valid Copy of Municipal Business License (For Current Year).
    c. Valid Copy of Trade License (For Current Year).
    d. Copy of Good Standing Certificate – PST Clearance Letter
    e. Copy of Good Standing Certificate – Workers Compensation
    f. Most recent current and/or completed construction projects.

    *Applicants that seek to change/amend their application information should only submit the above documentation that has expired and/or has been updated at the time of their submission in conjunction with their completed application form.

2. All application forms must be fully completed.
3. Electronically completed forms are acceptable.
4. All handwritten application forms must be legibly scripted in Black of Blue Ink Pen.
5. A General Contractor for works is allowed to perform more than one construction trade (i.e. electrical, plumbing, mechanical works, etc.). A Speciality Contractor for works is only allowed to perform their identified speciality construction trade. For Speciality Contractor for works, your trade license must match the speciality trade chosen.

THE BATTLEFORDS HOUSING AUTHORITY

CONTRACTOR APPLICATION FORM

1	**Application Type (Please tick one of the following):**

	New Registration		Renewal		Change/Amendment

2	**Trade License No.('s)**

3	**Business Entity (Please tick one of the following):**

	Sole Proprietor		Partnership		Corporation		LLC/Ltd.		LLP

4	**Type of Contractor (Please choose one of the following, i.e. Works, Goods or Services):**

	Works/Construction		Goods		Services

4a	**Works (Please choose one of the following contractor types):**

	General Contractor		Specialist Contractor

4b	**Goods/Supplier Contractor** (Please provide in general terms the goods supplied below):

4c	**Services Contractor** (Please provide in general terms the services supplied below):

GENERAL BUSINESS INFORMATION

5a	**Business Name (doing business as):**
5b	**Parent Company Name (if applicable)**

THE BATTLEFORDS HOUSING AUTHORITY

6	**Business Address:**	
7	**Business Mailing Address:**	
8	**Business Phone:**	**Fax Number:**
	Cell Number:	
8b	**Email Address:**	
9	**Years of Experience:**	

COMPANY/ORGANIZATION INFORMATION

10	**If Sole Proprietor/Partnership, please list owner(s)/partner(s)**	
a.	First/Last Name:	Address:
		Cell Number:
b.	First/Last Name:	Address:
		Cell Number:
c.	First/Last Name:	Address:
		Cell Number:

10	**If Company, please list directors/managers:**	
Name:		Position:
Name:		Position:
Name:		Position:

THE BATTLEFORDS HOUSING AUTHORITY

CREDIT REFERENCES/MATERIAL SUPPLIERS

1	**Name:**	**Address:**
Phone:		**Account#:**
2	**Name:**	**Address:**
Phone:		**Account #:**
3	**Name:**	**Address:**
Phone:		**Account #:**

SUB-CONTRACTORS (List sub-contractors your use, if applicable):

1	**Name:**	**Address:**	**Phone:**
2	**Name:**	**Address:**	**Phone:**

LIST THE MOST RECENT WORKS/MATERIALS/SERVICES JOBS PERFORMED:

(List any jobs with The Battlefords Area first)

1	**Name:**	**Address/Location:**	**Client Phone:**
Type of Project Works/Services:			
2	**Name:**	**Address/Location:**	**Client Phone:**
Type of Project Works/Services:			
3	**Name:**	**Address/Location:**	**Client Phone:**
Type of Project Works/Services:			
4	**Name:**	**Address/Location:**	**Client Phone:**
Type of Project Works/Services:			

THE BATTLEFORDS
HOUSING AUTHORITY

All the information I have given in this Contractor's Application Form is true and correct. I understand that The Battlefords Housing Authority (TBHA) will confirm the information contained in this document and retain it. I hereby authorize TBHA to verify any of the above information as a condition of qualification for participating as an approved contractor.

_____ _____

Signature **Date**