



CONTRACTOR APPLICATION FORM

155 North Beech, Casper, WY 82602 \* (307) 265-0603 \* (307) 266-5414 Fax

Date of Application: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Firm Owner: \_\_\_\_\_

SS# or Tax ID#: \_\_\_\_\_

Number of years your company has been in business? \_\_\_\_\_

Are you a General Contractor? (You handle all phases of work)  Yes  No

When was your firm established? \_\_\_\_\_

In which locations would you be willing to work?

Campbell  Fremont  Laramie  Natrona  Sweetwater  Uinta  Statewide

In what jurisdictions are you licensed to Work? (Please include license number and authorizing agency) \_\_\_\_\_

How many employees are part of your firm? (other than sub contractors) \_\_\_\_\_

What percentage of Work do you complete with your own forces? \_\_\_\_\_

Can you handle more than one \$10,000 job at a time?  Yes  No

\$20,000 job at a time?  Yes  No

\$30,000 job at a time?  Yes  No

**Wyoming Community Development Authority requires contractors to carry the following insurance coverage:** (please attach proof of insurance to this form)

**A. Comprehensive General Liability Insurance**

- a. Bodily Injury \$300,000 each person; \$300,000 each occurrence
- b. Property Damage \$100,000 each occurrence

**B. Comprehensive Automobile Liability**

- a. Bodily Injury \$300,000 each person and each accident
- b. Property Damage \$50,000 property damage

**C. Do you carry Worker's Compensation Insurance?  Yes  No**

(NOTE: Self-Employed Workers and Partnerships may be exempt)

## **Areas of Expertise**

Please check the type of work you are qualified to do and indicate the years of experience you have in that area:

Type of Work	Years of Experience	Type of Work	Years of Experience
General Carpentry		Landscaping	
Roofing		Floor Covering Replacement	
Structural Support Repair		Kitchen Cabinet Replacement	
Window Replacement		Foundation Wall Repair	
Door Replacement		Attic and Sidewall Insulations	
Siding		Chimney Repair	
Concrete Repair		Heating and Ventilation	
Plumbing		Electrical	
Lead Based Paint Hazard Control Work		Asbestos Hazard Control Work	
Painting		Other: _____	

Please list your current projects:

OWNER	ADDRESS	PHONE	TYPE OF WORK	% COMPLETE

Please list your three most recent jobs completed:

OWNER	ADDRESS	PHONE #	CONTRACT AMOUNT	DATE COMPLETED

Please list three references:

NAME	ADDRESS	PHONE	FAX

**DO YOU GUARANTEE YOUR WORK FOR ONE YEAR?**  Yes  No

**I authorize the Wyoming Community Development Authority to verify the above information and I certify that the above information is true and complete:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please either fax completed form to (307) 266-5414 or mail to Wyoming Community Development Authority, P.O. Box 634, Casper, WY 82602.