



**HOMEWISE
SINGLE FAMILY SPECIALTY AND DUCTLESS HEAT PUMP CONTRACTOR APPLICATION**

Applicant Organization Name

<hr/> Print Contact Person	<hr/> Title
<hr/> Address	<hr/> e-mail
<hr/> Telephone #	<hr/> Employer E.I.N #:

In signing below, the Applicant agrees to all terms and conditions of the **HOMEWISE SINGLE FAMILY SPECIALTY CONTRACT** and all associated documentation, which are part of this application package.

Further, the Applicant states that he/she is _____ (a partner or officer of the firm, of, etc.) the party making the application, that such application is genuine and not collusive or sham: that said Applicant has not colluded, conspired, connived or agreed, directly or indirectly, with any applicant or person, to put in a sham proposal or to refrain from applying, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the proposed price of affiant or of any other Applicant, or to fix any overhead, profit or cost element of said proposed price or of that or any other Applicant, or to secure any advantage against the City of Seattle, or any person interested in the proposed contract: and that all statements in said application are true.

<hr/> Printed Name of Legal Authority:	<hr/> Signature of Legal Authority
<hr/> Title	<hr/> Date

GENERAL INFORMATION

Firm Name

Business Address

E-mail address

Business Phone Number

Fax Number

Cell phone

Pager Number

Federal Tax Id Number

This firm is a: Corporation Partnership Sole Proprietorship

State Certified Women or Minority Owned Firm? Yes No

If Yes, Certification Number: _____

Business License #

Type of Business License

State Registration #

Names and address of all principals, partners, officers, etc.:

Name

Title

Address

Name

Title

Address

Name

Title

Address

CONTRACTOR TRADE AND SKILLS

Check all that apply:

- Ductless Heat Pumps
- Electrical
- Heating/Furnace/HVAC
- Pest Control
- Plumbing
- Oil Tank Decommissioning
- Other _____

How long has your organization been in business as a contractor performing the work selected above?

INSURANCE AND BONDING

Liability & Property Damage Insurance Co.

\$ Amount	Policy No.	Expiration Date
Insurance Agent	Phone #	
Address		

Automobile Insurance

\$ Amount	Policy No.	Expiration Date
Insurance Agent	Phone #	
Address		

Bonding Co.

Name of Bonding Company	\$ Bond Amount
Agent	Phone #
Address	

REQUIRED DOCUMENTS

Provide a copy of the following required documents:

1. Insurance documents *
2. Contractor's Registration License
3. Corporation License
4. State Tax Certification
5. W-9 Form
6. Signed certificate of non-debarment

*Proof of insurance in the amounts specified in this document is required. Additionally, the Program may, at its discretion, require a Payment and Performance bond on any job or group of jobs. Contractor must have the capacity to obtain such a bond if required, in an amount of at least \$35,000.

REFERENCES

Reference#1:

Name	
Address	Phone #
Project Description	

Reference#2:

Name	
Address	Phone #
Project Description	