



**CITY OF WILSON
COMMUNITY DEVELOPMENT PROGRAM
PO BOX 10
WILSON, NC 27894**

Application for Listing on Contractor Register

Business Name: _____

Address: _____

Phone: (work) _____ (home) _____

Federal ID# (EIN) or Social Security number: _____

Owner: _____

Principal Officer: _____

President: _____

Work Performed: _____

Work awarded but failed to complete (where and reason work was not completed): _____

List of three (3) most recent contracts over \$10,000	Start Date	Completion Date

Contracts you are currently working on	Owner	Approximate Cost	Completion Date

List of three (3) material suppliers	Amount of Credit Available

Bank References	Credit Available

Insurance coverage: (It is necessary that evidence be submitted for comprehensive liability insurance not less than \$100,000 and \$300,000 protecting the owner in the event of bodily injury including death and \$50,000 and in the event of property damage arising out of the work performed by the Contractor's employees and of the employees of any subcontractor. In addition, the Contractor shall furnish evidence of workmen's compensation coverage in accordance with state and local laws governing workmen's compensation.)

Liability Insurance Agent

Workmen's Compensation Agent

Sub-contractors:

Electrical	Plumbing	Mechanical
Name:	Name:	Name:
Address:	Address:	Address:
Specialty:	Specialty:	Specialty:
License #:	License #:	License #:
Yrs. Experience:	Yrs. Experience:	Yrs. Experience

Provide a general description of experience of the company and its key personnel.

Number of current full-time employees: _____

Number of highest level in past 12 months: _____

Are you on any list of debarred contracts maintained by vs. Department of Labor? _____

U.S. Department Housing and Urban Development (HUD): _____

PLEASE CONTACT: Mia Harris
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EQUAL HOUSING OPPORTUNITY