

**CITY OF MANCHESTER  
HOUSING REHABILITATION AND  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM  
CONTRACTOR PRE-QUALIFICATION FORM**

The following information will be used to pre-qualify contractors to bid on projects. Eligible contractors will be added to a contractor list used by the program and given property owners. Property owners will use this list to choose contractors to bid on their job. Please fill out as completely as possible to assist with their selection.

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax Phone No.: ( ) \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Specialty: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cell Phone No.: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all licenses and license numbers the company holds. Attach additional sheets as necessary. Copies of licenses shall be made available upon request:

License: \_\_\_\_\_ License No.: \_\_\_\_\_

Please provide three vendor references and three customer references:

Business Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please provide the following insurance information. Copies of insurance certificates shall be made available upon request:

	Policy Number	Amount	Expiration Date
Workman's Comp.			
General Liability			
Vehicle			

Please list any pending claims against your company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide a statement summarizing your company's qualifications for working on projects funded through the City's Housing Rehabilitation and/or Lead Hazard Reduction Demonstration Program. Also, please provide any additional information about your company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide current jobs you are working on now or have scheduled to start in the next thirty days and the dollar value of these jobs:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the City of Manchester's Housing Rehabilitation/Lead Hazard Reduction Demonstration Program to verify the information supplied on this form. I understand that if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, property owner, or other parties are found to be unsatisfactory, the City of Manchester may remove the company name from the list of selected contractors without notice.

\_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Date