



Contractor Application

Company Name _____ Federal ID # _____ (or SS#)
(Name on Tax Return)

Principal's Name _____ Work Phone _____

Address _____ Cell Phone _____

_____ Email _____

_____ Fax _____

How many years has your company been in business? _____ Average number of employees? _____

Has your company been directly involved in rehabilitation projects? _____ # of years _____

Local and State laws dictate that the following are required for all PRIDE projects; please attach a copy of

- Liability Insurance \$ _____ Expiration Date _____
- Worker's Compensation Policy - Expiration Date _____
- Lead Safe Work Practices Training Certificate - Dated _____

Bank Reference

Bank Name _____

Bank Address _____

Telephone # _____ Contact Person _____

Work References

Name _____ Name _____

Address _____ Address _____

Telephone # _____ Telephone # _____

Type of work _____ Type of work _____

Work References continued...

Name _____ Name _____
Address _____ Address _____
Telephone # _____ Telephone # _____
Type of work _____ Type of work _____

Supplier References

Name _____ Name _____
Address _____ Address _____
Telephone # _____ Telephone # _____

I authorize PRIDE of Ticonderoga, Inc. to verify the information listed above.

Contractor Signature

Date

Thank you for your interest in working with PRIDE of Ticonderoga. If you have questions, please call 585-6366 or email sreynolds@prideofticonderoga.org.

Proof of current Liability Insurance, Worker's Comp and Lead Certification must be on file awarded to the contractor, at the time of contract signing.

Please mail completed application to:

PRIDE of Ticonderoga, Inc.
PO Box 348
Ticonderoga, NY 12883
or return to
111 Montcalm Street
Ticonderoga

3/2016