Contractor Information Sheet

Contra	ctor Fire	n Name:		
Licens	e Numb	er:		
Insura	nce Polic	cy Number:		
Contra	ctor Nar	ne:		
Addre				
110010				
Teleph	one Nui	mber:		
Email	Address	:		
Fax N	umber:			
1.	Are yo	u interested in being on	our contractor list for owner-occupied rehabilitation?	
		Yes (please continue)	No (stop here, it is not necessary to return this form)	
2.	Are you a:			
	a.	General Contractor		
	b.	Other: Please explain:		
	0.		o solicit bids from General Contractors; however, occasionally it is	
			•	
		•	General Contractor, in which case, we would solicit bids from	
		appropriate trades.		
3.	What area(s) are you willing to work in?			
		Becker County		
		Beltrami County		
	C.			
	d.	Grant County Hubbard County		
	e. f.	Kittson County		
		Lake of the Woods Co	uinty	
	h.	Mahnomen County		
	i.	Marshall County		
	j.	Norman County		
	k.	Pennington County		
	1.	Polk County		
	m.	Red Lake County		
	n.	Roseau County		
	ο.	Todd County		
	p.	Traverse County		
	q.	Wadena County		
	r.	Wilkin County		

4. Have you	Have you completed a Certified Lead Renovator Course and/or are you an EPA Lead Certified			
Firm?	Yes (complete questions 5-7) No (skip questions 5-7)			
5. Have you	Have you completed a Certified Lead Renovator Course?			
	Yes (Please attach Course Completion Certificate) No			
6. Are you as	n EPA Lead Certified Firm?			
	Yes (Please attach EPA Lead Certificate) No			
7. If you hav	If you have completed a Certified Lead Renovator Course and/or are an EPA Lead Certified			
Firm, do y	ou have employees or are you a "one-man shop"?			
	Employees "One-Man Shop"			
*I	f you have employees, please provide a copy of the Certified Lead Renovator Course			
Co	ompletion certificate for each employee who has completed the course; OR, you may			
pr	ovide evidence that there is a Certified Lead Abatement Supervisor within your			
co	mpany. If you are a "one-man shop", neither of these are required.			
Please return this f	form, and all applicable attachments, to our office as soon as possible. Information may			
be returned via:				
• Email (jm	Email (jmeixner@hrdc.org)			
• Fax (218-4	Fax (218-444-4722)			
• Mail: HRI	OC, PO Box 906, Bemidji, MN 56619-0906 attn: Jackie Meixner			
Attachments may	nclude (based on your answers to the above questions):			
Insurance l	Documentation – note, it is not necessary to list the HRDC on your policy; however,			
adequate ir	surance is required (documentation required for all contractors interested in being on			
our list)				
Lead Reno	vator Course Completion Certificate (required only if you answered "yes" to question 5)			
EPA Lead	Certificate (required only if you answered "yes" to question 6)			
Certified L	ead Renovator Course Completion certificate for each employee within your firm OR			
Certified L	ead Abatement Supervisor Certificate (required only if you answered "employees" to			
question 7)			