

COPY OF CONTRACTOR LICENSE ON FILE

COPY OF CONTRACTOR INSURANCE CERTIFICATE ON FILE

## CONTRACTOR APPLICATION

Please furnish NHS with the information requested below. This information will be kept confidential and used only to verify the qualifications of the contractor for home improvement work. Select information pertinent for NHS Clients & Business Partners requests for contractor qualifications may be shared without notice to applicant.

Date \_\_\_\_\_

1 Firm Name \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

2 What type of licenses do you carry with the State of Minnesota?  
\_\_\_\_\_

3 How long have you been in the contracting business? \_\_\_\_\_

4 How many jobs have you completed as a contractor? \_\_\_\_\_

5 Check the types of construction you have performed in the last year:

50% or more of our work is Commercial  
\_\_\_\_\_ Home Remodeling  
Largest job \$ \_\_\_\_\_ Client \_\_\_\_\_  
Smallest job \$ \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Home Building  
Client \_\_\_\_\_  
No of Homes \_\_\_\_\_ Address \_\_\_\_\_  
Average Value \$ \_\_\_\_\_  
\_\_\_\_\_ Other Specify \_\_\_\_\_