EDWARD P. MANGANO COUNTY EXECUTIVE



RAYMOND S. THOMAS DIRECTOR

KEVIN J. CREAN TECHNICAL DIRECTOR

OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS 40 MAIN STREET HEMPSTEAD, NY 11550 516-572-1915 Facsimile: 516-572-1983 Website: http://www.nassaucountyny.gov/agencies/OHIA/index.html

Residential Rehabilitation Program Contractor Application

Na	me:	
Ac	ldress:	
Telephone Number:		Cell Phone Number:
Name of Company:		State any DBA your company has used:
Address of Company:		
1.	How long has your company been in business?	
2.	. Is your company incorporated, and what type (i.e. LLC, etc.)?	
3.	. Nassau County Contractor License and expiration date.	
4.	Are you a lead base paint certified contractor?	
5.	What is the name of your insurance carrier?	
What is your worker's compensation plan?		
6.	List subcontractors and specialties.	
7.	Please attach (4) four references and the type of work performed in the past year.	
8.	Please attach copies of company resume/profile along with licenses and certifications	
	(Incorporation, Lead Paint Certificate, Contracto	r's Licenses, Insurance).
9.	Please submit a processing fee of \$25.00 made out to "Nassau County OHIA"	

Please note that upon approval there is an annual bid-mailing fee of \$60.00