

**Clarion County Redevelopment Authority
Contractor Data Sheet**

CONTRACTOR INFORMATION:

Owner Name: _____ Phone: _____

Company Name: _____ Email: _____

Mailing Address: _____

PA Registration #: _____ Employee ID #: _____

Registration Expiration Date: _____ Driver's License #: _____

Years of Experience: _____

QUESTIONS:

YES NO

1. Do you have proof of insurance in amounts of \$500,000 or more for each policy?
(Attach a copy of the declarations page of your policy to this application)
2. Have you been suspended or debarred from participating in any federal, state, or local program through which public funding or other assistance is provided for home improvements?
3. Is the Company a certified MBE/WBE/DBE/Section 3 entity?
(Check all that Apply): MBE WBE DBE Section 3

SERVICES PROVIDED:

Roofing	Insulation	Pests	Accessibility Modifications
Soffit/Facia	Waterproofing	Mold	Home Additions
Gutters/Downspouts	Electrical	Asbestos	Kitchens
Doors/Windows	Plumbing	Lead-Paint	Bathrooms
Siding	Interior Painting	Exterior Painting	Sidewalks/Ramps
Other:			

REQUIRED DOCUMENTS:

Please return this form with the following documents to RACF at 86 West Main Street, Uniontown PA 15401:

- Copy of State License
- Copy of insurance/s
- Copy of any other Certifications/Trainings (lead based paint, asbestos, etc.)

Signature _____

Date _____

Printed Name, Title _____

Please return your completed Contractor Data Sheet to: CCHRA

8 West Main Street
Clarion, PA 16214

