

SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

Contractor Qualification

Registration Form

All questions must be answered and the data given must be clear and accurate. The bidder may submit any additional information he or she desires. PLEASE PRINT

Name of Firm:
Contact Name:
Mailing Address:
Physical address: (if different)
Business phone number:
Cell phone number:
Email address:
If corporation, where incorporated?
How many years have you been in business under the present name?
How many people do you employ?

General character of work performed by your company:

Name, Address, Phone Number of Insurance Company? (required)

Please give two references with names, addresses, contact information, location, description of work performed and project value

1. _____

2. _____

Give Bank reference:

Describe general field of contractor work: _____

Amount of Commercial General Liability insurance carried per occurrence and Aggregate:

Is the Company an EPA Lead Safe Certified Firm? _____

NYS Worker's Compensation? _____ Yes _____ No

Are you a Minority or Women-Owned Business? _____

Is your business registered with New York State as a M/WBE? _____

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the owner and or Schoharie County Rural Preservation Corporation in verification of the recitals comprising this Statement of Bidder's Qualifications.

Bidder Signature and Title

Date