



City of Jackson Community Development Department

Contractor Qualification Questionnaire

Name: _____ Company Name: _____

Address: _____ E-mail Address: _____

_____ Business Phone: _____

Cell Phone: _____ Home Phone: _____

Fax: _____ Federal I.D. No.: _____

Remit to address (if different than above):

Address City State ZIP

Check all that apply:

- Corporation Limited Liability Company Partnership Sole Proprietorship
- Lead Paint Certified Lead Abatement Contractor Lead Supervisor
- MBE A business enterprise owned and controlled at least 51% by one or more minority persons and certified as such by the State of Michigan WBE A business enterprise owned and controlled at least 51% by one or more women and certified as such by the State of Michigan

Is firm certified awardable by the State of Michigan, Department of Civil Rights or any other governmental agency? Yes (attach copy of certification letter) No

Have you or your company ever been subject to administrative sanctions from the State of Michigan, Department of Consumer and Industry Services? Yes No

How long has your company been in business? _____

How much dollar volume did you do in rehabilitation work last year? _____

List and enclose copies of all licenses you currently hold: _____

Have you or anyone you employ ever been convicted of a felony? Yes (explain below) No

References

List two (2) **banks** at which you regularly do business:

Name: _____

Name: _____

Address: _____

Address: _____

Phone & Contact: _____

Phone & Contact: _____

References *(cont'd)*

List two (2) **customers**, one for which work was completed less than six (6) months ago; one for which work was completed more than one (1) year ago.

Less than six months ago

Name: _____

Address: _____

Phone & Contact: _____

More than one year

Name: _____

Address: _____

Phone & Contact: _____

List two (2) **materials suppliers** with whom you regularly do business:

Name: _____

Address: _____

Phone & Contact: _____

Name: _____

Address: _____

Phone & Contact: _____

List two (2) **subcontractors** with whom you regularly work:

Name: _____

Address: _____

Phone & Contact: _____

Name: _____

Address: _____

Phone & Contact: _____

I, the undersigned, authorize the City of Jackson, Department of Community Development, to contact those persons listed above and verify the credit standing of this company and quality of work performed.

Dated: _____

Signature: _____

**Please complete application and submit to:
Department of Community Development, 161 W. Michigan Ave., Jackson, Michigan 49201
fax (517) 780-4781.**