



County

Department of Planning Services  
Division of Planning

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CONTRACTOR PREQUALIFICATION APPLICATION

Directions: Type or print in black ink the answers to all questions. Fill out all requested information; incomplete applications will delay processing. If a question does not apply to you, write N/A in the space.

Please attach a copy of the following when submitting a Prequalification Application:

1. State of Delaware Business License
2. Certificate of Insurance
3. HUD/EPA lead-based paint certificates

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_ DE Business License No.: \_\_\_\_\_

Date Company Established: \_\_\_\_\_ Former Firm Names (if any): \_\_\_\_\_

Name (s) of All Owners or Principal Officers: \_\_\_\_\_

Home Address of Owner or Principal Officer: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Insurance Agent: \_\_\_\_\_

Agents Address & Phone No: \_\_\_\_\_

Amount of Liability Coverage: \_\_\_\_\_ W/C coverage: \_\_\_\_\_

NOTE: REFERENCES LISTED BELOW CANNOT HAVE A BUSINESS OR FAMILIAL RELATIONSHIP WITH THE APPLICANT/COMPANY.

WORK REFERENCES: The Applicant/Company must list the names, addresses, and phone numbers of four (4) individuals for whom your firm has completed similar residential projects in the last year.

NAME	ADDRESS	PHONE NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**CREDIT REFERENCES:** The Applicant/Company must list the company, address, phone number and contact person for two (2) construction related charge accounts established for your company.

Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

**NOTE:** A charge card from a residential construction material supplier will be considered for one of the credit references if the card/account is in the company or business name and the 4 most recent and sequential monthly billing/purchase statements are provided to establish a purchase/payment history. Account or other specific identifying numbers are to be removed/blocked out to safeguard the account.

I hereby certify that my firm, company and/or principal officers and owners have not been debarred or declared ineligible to receive government contracts and participate in federally assisted contracts.

I further certify that all information contained herein is true to the best of my belief and knowledge, and I understand that any false statements given in connection with this PREQUALIFICATION APPLICATION will make my firm and/or company ineligible to bid on projects offered through the Community Development Section of the Kent County Department of Planning.

\_\_\_\_\_  
Signature of Officer or Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

***Company Organization:***

- Corporation
- Partnership
- Sole Proprietorship