



City of Jackson, Mississippi
Office Of Housing and Community
Development

Contractor Application Form

Company Name: _____

Address: _____

Owner's Name: _____ Phone Number: _____

Name of Contact Person: _____ Cell Phone: _____

Fax Number: _____ E-mail: _____

EIN: _____ DUNS: _____

If you do not have DUNS Identification, please register on Sams.gov

Contractor License Number: _____ Expiration Date: _____

Contractor Crew Size: _____ (# of full time employees)

Lead Inspector/Risk Assessor: _____ N/A
License # _____ Expiration Date _____

Lead Abatement Contractor: _____ N/A
License # _____ Expiration Date _____

Years Experience as a Lead Contractor: _____

Are you a trained lead renovator? Yes No

If no, are you interested in receiving information on obtaining certification? Yes No

**Please select N/A if you do not possess the above listed lead credentials. Lead credentials are NOT required in order to submit the application and packet.*

Provide the maximum number of projects that you can accept at one time: _____

Other Qualifications, Licenses, Experiences, or Training (Please Specify):



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If you or your company is not a licensed lead abatement contractor, please provide the name of the planned sub-contractor, licensed for lead-abatement work.
Sub-Contractors should also submit a Lead Contractor Application form to the Office of Housing.

Sub-Contractor's Name (Please print)

Sub-Contractors License Number

Name of the Supervisor who will be on job-site daily: _____
(If different those listed above, please provide License/Certification Number)

Authorization Signature

Date

Print Name & Title