



915 SW 3rd Avenue
Ontario, OR 97914
Phone: (541) 889-9555
Fax: (541) 889-0768

Contractor Name: _____ CCB # _____

Contractor Address: _____

Contractor Phone Number: _____

- Yes, please include my business on the list of eligible contractors for Residential Rehabilitation Projects
 - Are you licensed as a general contractor? Yes No
 - Would you like to act as a general contractor on a project? Yes No
 - Do you have Lead Based Renovator Paint Certification? Yes No
 - If No, what incentive would encourage you to obtain your Lead Base Renovator Paint certification?

 - Other Certifications _____

- No, please do not include my business on the list of eligible contractors for Residential Rehabilitation – Please give a brief explanation of why not:

Would you like to be notified of any upcoming contractor trainings? Yes No

Would you like to be notified of request for proposals for future contractor services? Yes No

Comments:

Thank you for taking the time to fill this out. We want to give the opportunities to bid to the contractors who are interested.