

**CITY OF VISTA
HOUSING REHABILITATION PROGRAM
CONTRACTORS QUALIFICATION STATEMENT**

Name _____ Date _____

DBA _____

Business Address _____ Business Phone: () _____

_____ ZIP _____

California State Contractor License Number: _____

(Attach a copy of Pocket License)

California State Home Improvement Certificate Number: _____

Tax ID Number or Social Security Number: _____

Subcontractors: Name Address and Phone Number

1. _____
2. _____
3. _____

List three (3) most recent remodeling jobs by Name, Address and Phone Number.

1. _____
2. _____
3. _____

How long in business: _____ Number of Employees: _____

Please have your insurance carrier send us proof of the following policies:

Minimum \$1,000,000 Liability (Carrier): _____

Workers' Compensation (Carrier): _____

Address _____ Phone Number () _____

Name of Bonding Agent or Company

Address _____ Phone Number () _____

All the information I have given in this Contractors Qualification Statement is true and correct. I understand that you will confirm the information contained in this document and retain it. I hereby authorize the City of Vista to verify any of the above information as a condition of qualification for participating in City-sponsored housing rehabilitation programs.

Contractor Comments: _____

Signature of License Holder _____	Print Name _____
DBA _____	
Company Name _____	
Address _____	
_____ ZIP _____	
Tax ID Number/Social Security Number: _____	

PROGRAM STAFF COMMENTS: _____
