

Mandatory Contractor Assessment

Note: CONTRACTOR IS REQUIRED TO COMPLETE THIS FORM OFF-PREMISES AND TO RETURN IT AS DIRECTED

SERVICE VALIDATION

(This is a screening document. All information must first be *VALIDATED* before there is any further project discussion)

1. DATE _____ 2. County work is to be performed _____

3. Contractor's License/Registration # _____ 4. Issuing County _____

5. Issuing State _____ 6. Date Issued _____ 7. Date Expires _____

8. Full Name of Contract Firm/Individual Contractor _____

9. County _____ 10. Address _____

11. City _____ 12. State _____ 13. Zip Code _____

14. (In this document the term "Contractor" "Principal " or the phrase "Principal Contractor" refers to the individual authorized to bid for this work and to take full responsibility for commencing, performing, and completing it specific to expectations of homeowner or duly authorized tenant, and to be held liable for any resulting damages or unauthorized expenditures relative to the same).

15. Principal's Legal Name _____

16. Position with Contract Firm _____

17. Name of Principal's Bond Company _____

18. Contract Firm's Landline Phone () _____ - _____

19. Principal's Wireless Phone () _____ - _____

20. Firm's E-mail _____

21. Work Sought (Please, clearly specify):

****Note: This part filled out after applicable contractor returns the competed form
Authorization***

By signing this document, I, the Principal/Lead/General Contractor, give the undersigned resident my full authorization to contact government agencies, any personal references, and other sources to verify any and/or all information I have entered here or have otherwise conveyed to undersigned resident.

Principal's Signature _____

Resident's Signature _____

Please, match numbered items of "Page 2" with like numbers on "Page 1" to understand what you should add in each appropriate space of "Page 1" of this "SERVICE VALIDATION."

[ALL APPLICABLE LINES ON "PAGE 1" MUST BE FILLED IN AND PRINTED CLEARLY AND HONESTLY]

1. **Date** (date you fill out this form i.e., month, date, year)
2. **County work is to be performed** (county in which the property to be worked on is located)
3. **Contractor's License/Registration #** (number on your contractor license or registration)
4. **Issuing County** (county in which you received this license or registration)
5. **Issuing State** (state in which you received this license or registration)
6. **Date issued** (month, date, and year this license or registration was issued to you)
7. **Date expires** (month, date, and year this license or registration expires)
8. **Full Name of Contract Firm/Individual Contractor** (complete name of the company doing work on this property or your complete legal name as it appears on your contractor license)
9. **County** (county in which your company is or you are based)
10. **Address** (nearest address to your company/home to property to be worked on)
11. **City** (city in which address given in line "10" of this form is located)
12. **State** (state in which said address is located)
13. **Zip Code** (zip code at which said address is located)
14. *(Please, see "14" on Page 1 of this document)*
15. **Principal's Legal Name** (full legal name of your company or your full legal name)
16. **Position with Contract Firm** (your position with this company. If you own it enter "Owner.")
17. **Name of Principal's Bond Company** (full legal name of the firm you received your present bond to work at this location at this time)
18. **Contract Firm's Landline Phone** (primary working phone number of your company that is not wireless. If there is no such line with your company, enter its primary wireless number, instead)
19. **Principal's Wireless Phone** (primary wireless number for your company. If the same as above please write "same as on line '18.')
20. **Firm's e-mail** (primary, reachable e-mail address opened to receive e-mails from the owner resident at this location or his/her authorized representative)
21. **Work Sought** (nature of work you intend to perform at this location stated clearly, briefly, and within the given space)

***Sources conferred with for verification of this information include but are not limited to State Department of Licensing, Office of the Attorney General, Secretary of State, Department of Revenue, Office of the County Sheriff, Better Business Bureau, related trades unions, residents, other private citizens, internet search, and other legal sources.**

***THIS FORM IS TO BE RETURNED AFTER 24 HOURS AT A TIME YOU
HAVE PROMISED AUTHORIZED RESIDENT***

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