



Healthy Homes Department  
County of Alameda Community Development Agency

---

2015 CONTRACTOR/VENDOR APPLICATION

---

Company Name: \_\_\_\_\_  
Checks will be made payable to the company name, unless otherwise noted)

Owner's Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Legal Entity: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION  
(Check One)

Federal Tax #: \_\_\_\_\_ Social Security#: \_\_\_\_\_

---

CALIFORNIA LICENSING REQUIREMENTS  
(Please provide a copy of License)

---

License Holder's Name	License Number/Classification	Expiration Date
_____	_____	_____
_____	_____	_____

Worker's Compensation Insurance \_\_\_\_\_

---

EPA RENOVATION REPAIR AND PAINT (RRP) RULE & LEAD-BASED PAINT  
TRAINING AND CERTIFICATION:  
(Please provide a copy of each Certification)

---

<i>Please check all those that apply:</i>	<i>Exp. Date</i>	<i>Number</i>
EPA RRP Certification _____		
California Department of Public Health (CPDH) Certifications:		
CA Lead-Based paint Certified Inspector/Assessor _____		
CA Lead-Based paint Certified Supervisor _____		
Other: (please specify) _____		

---

---

AUTHORIZED COMPANY REPRESENTATIVES

---

---

This is a list of individuals authorized to sign contracts, pay requests and change orders in the name of the company:

Name	Signature	Title/Position
_____	_____	_____

---

---

REFERENCES

---

---

Contact	Type of Work	Phone #
<i>Clients:</i>		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<i>Credit:</i>		
1. _____	_____	_____
2. _____	_____	_____

---

---

INFORMATION FOR MONITORING PURPOSES

---

---

How did you hear about Alameda County Healthy Homes Department?

- Program/Agency Referral
- Newspaper/TV/Radio
- Brochure
- Personal Referral
- Other (describe):

The following information is required by the federal government for monitoring or compliance with statutes and executive orders. You are not required to furnish this information, but are encouraged to do so. Please furnish the following information for the person who owns the majority interest in the company:

Age:  under 62  62 or over

Race:

Single Race Categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Multiple Race Combinations:

- American Indian or Alaska Native White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other – to be used for individuals who are not included in any of the single race categories or in any of the multiple race categories listed above.

Ethnicity:

Hispanic-This ethnicity category cuts across races. Those who are White, Black, Asian, Pacific Islander, American Indian, or a multi-race may also be counted as being Hispanic.

Disabled?  Yes  No

Gender:  Male  Female

---

### CERTIFICATION

---

I am applying to Alameda County Healthy Homes Department (ACHHD) for inclusion as an eligible Contractor, Licensed Architect/Engineer, or Vendor. I understand that this is not an offer or guarantee of work and that all contracts are awarded on a competitive basis. I hereby certify that to the best of my knowledge, all statements and representations made in this application are true and complete and agree to the release of information verifying any statement or representation made in this application. I also give permission and consent to ACHHD to use copies of this certification to obtain verifications.

---

NAME

TITLE

---

SIGNATURE

DATE

**Checklist:**

- Completed and signed Application
- Contractor's State License. Please send us a copy of your current pocket license.  
Copies of EPA RRP/CPDH certificates
- Completed and signed "Alameda County Substitute IRS Form W-9." We need your original, wet signature
- Commercial General Liability Insurance Certificate naming Alameda County as additional insured.
- State Worker's Compensation Insurance Certificate or exemption form. (Can be obtained from the Contractor's Licensing Board.)