

**CITY OF OAKLAND**  
Department of Housing and Community Development  
Residential Lending and Housing Rehabilitation Services  
Website: [www.oaklandnet.com/government/hcd](http://www.oaklandnet.com/government/hcd)

250 Frank H. Ogawa Plaza  
Suite 5313, Oakland, CA 94612  
(510) 238-3909 (Main #)  
(510) 238-3254 (TDD)  
(510) 238-3794 (FAX)

## CONTRACTOR'S APPLICATION

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Print Name of Firm	Print Name of License Holder
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Business Address	City	State	Zip Code
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Business Phone Number	Contact Person:	Phone No.
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E-mail address/website	Fax No.:	Cell Phone/Other Phone
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Contractor's License No.:	Classification(s)	Exp. Date	Employer Tax ID or Soc Sec #
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**NAME(S) OF SOLE PROPRIETOR, PARTNERS (if partnership) OR CORPORATE OFFICERS (if corporation or limited liability company).**

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Name	Title	Soc. Sec. No.	Phone No.
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Name	Title	Soc. Sec. No.	Phone No.
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Name	Title	Soc. Sec. No.	Phone No.
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Name	Title	Soc. Sec. No.	Phone No.
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Other Cities in which your firm or principals have operated: \_\_\_\_\_

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**BUSINESS REFERENCES** (include banks, material suppliers, creditors, etc., use additional page if necessary)

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Firm's Name	Address	Phone No.	Contact Person
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Firm's Name	Address	Phone No.	Contact Person
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Firm's Name	Address	Phone No.	Contact Person
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Firm's Name	Address	Phone No.	Contact Person
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Firm's Name	Address	Phone No.	Contact Person
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- Have you ever filed bankruptcy?  Yes  No
- Do you have an Oakland Business License?  Yes  No  
*If yes, Business License No.:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_
- Do you have a (Supervisor) Lead Abatement Operative Certification?  Yes  No
- Do you have an EPA Certification?  Yes  No Date received: \_\_\_\_\_

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**The undersigned certifies that all information given herein is correct and that the information may be verified from any source and further agrees:**

- 1) That the California Contractor's License and bond are current and that the undersigned agrees to maintain current status of all licenses and bonds as required by the State of California and the City of Oakland.
- 2) That the contractor will perform the work in accordance with the description of work, general specification and all applicable City of Oakland codes and regulations and be subject to final inspection by the City of Oakland.
- 3) That if the work performed by the Contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowners, or other parties are found to be unsatisfactory, the City may remove his/her name from the list of selected contractors without notice.
- 4) That copies of current State Contractor's License, liability insurance, worker's compensation insurance, EPA certification, Oakland business license, and verification of registration with the City's i-Supplier system are enclosed with this application. That the undersigned agrees to provide updated copies of the aforementioned items on request.
- 5) That he/she will abide by all applicable equal employment opportunity regulations.

By: \_\_\_\_\_  
 Name Title Date

**LIST CONSTRUCTION EXPERIENCE OF EACH OF THE PRINCIPALS:** (Indicate if experience is new construction, rehabilitation, historic renovation, lead abatement, etc. (Use additional page if needed)

Name: \_\_\_\_\_ No. of years in Business: \_\_\_\_\_  
Experience: \_\_\_\_\_

Name: \_\_\_\_\_ No. of years in Business: \_\_\_\_\_  
Experience: \_\_\_\_\_

Name: \_\_\_\_\_ No. of years in Business: \_\_\_\_\_  
Experience: \_\_\_\_\_

Name: \_\_\_\_\_ No. of years in Business: \_\_\_\_\_  
Experience: \_\_\_\_\_

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**RECENT CUSTOMERS FOR WHOM YOU HAVE DONE WORK:** (Please include dollar amount of project, approximate date work was completed; and photos if available.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Work done \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Work Done \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Work Done \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Work Done \_\_\_\_\_

**PLEASE RETURN ORIGINAL SIGNED APPLICATION AND SUPPORTING DOCUMENTS TO:  
DHCD/Residential Lending and Housing Rehabilitation Services, 250 Frank H. Ogawa Plaza, Suite  
5313, Oakland, CA 94612 via mail or in person. DO NOT EMAIL.**