



# GREATER SYRACUSE LAND BANK

## Contractor Application & Questionnaire

CONTRACTOR INFORMATION		
Business Name:		
Owner's Name:	Contact Person:	
Address (Street)		
(City, Zip)		
Business Phone:	Mobile Phone:	
Fax Number:	Email:	
M/WBE-certified company? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you AND your company EPA/Lead Certified? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How many employees are currently working for the company?		
How many years has the company been in business?		
TYPES OF WORK PERFORMED BY COMPANY		
Roofing YES <input type="checkbox"/> NO <input type="checkbox"/>	Siding YES <input type="checkbox"/> NO <input type="checkbox"/>	Windows YES <input type="checkbox"/> NO <input type="checkbox"/>
Electrical YES <input type="checkbox"/> NO <input type="checkbox"/>	Plumbing YES <input type="checkbox"/> NO <input type="checkbox"/>	HVAC YES <input type="checkbox"/> NO <input type="checkbox"/>
Drywall YES <input type="checkbox"/> NO <input type="checkbox"/>	Interior Painting YES <input type="checkbox"/> NO <input type="checkbox"/>	Exterior Painting YES <input type="checkbox"/> NO <input type="checkbox"/>
Kitchens/Baths YES <input type="checkbox"/> NO <input type="checkbox"/>	Flooring YES <input type="checkbox"/> NO <input type="checkbox"/>	Paving YES <input type="checkbox"/> NO <input type="checkbox"/>
Other:		
REFERENCES: PLEASE PROVIDE JOB REFERENCES FROM THE LAST 12 MONTHS		
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
Name:	Address/Phone:	Job:
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