



CONTRACTOR'S APPLICATION

Name of Company: _____

Owner Name: _____

Address: _____

Office Phone # _____ Cell Phone # _____

Fax # _____

E-mail address: _____

General Contractor's License _____ yes _____ no

License # _____ Tax ID # _____

Social Security # _____ - _____ - _____

NOTE: PROOF OF INSURANCE IS REQUIRED

Insurance _____ yes Amount _____ no

References: Type of Work related

1. Company Name: _____

Owner Name: _____

Address: _____

Office Phone # _____ Cell # _____

2. Company Name: _____

Owner Name: _____

Address: _____

Office Phone # _____ Cell # _____

3. Company Name : _____

Owner Name: _____

Address: _____

Office Phone # _____ Cell # _____

Have you ever been debarred from working on Government Projects?

_____ yes _____ no

Please return completed forms to:

Roxboro Housing Authority
500 Mount Bethel Church St. / P.O. Box 996
Roxboro, NC 27573
Attention: Felts Lewis, Executive Director
flewis@roxboroha.com