



Pierce County

**Department of Community Connections
Housing and Weatherization Programs**

3602 Pacific Avenue #200

Tacoma, Washington 98418

(253)798-7038 • 1-800-992-2456 • FAX (253)798-3999

TDD/Voice 1-800-833-6388

**Helen Howell
Director**

FYI:

Before your contractor application can be processed we must have the following in our possession:

- Certificate of Liability Insurance naming ***Pierce County Community Connections and Pierce County Community Development Corporation as certificate holder and additional insured.*** You may have your insurance company fax this information directly to my attention at (253) 798-3999.

Please list the following as Additional Insured and Certificate Holder:

Pierce County Community Connections

Pierce County Community Development Corporation

3602 Pacific Avenue #200

Tacoma, WA 98418

Minimum Coverage: \$1,000,000

- W-9 Form
- Copy of Lead Abatement Certification, if certified (if the contract involves lead base paint, this will be required before awarding any project)
- Copy of Lead Safe Works Practice (if certified)

If you should have any questions, please contact me at 798-6935.

Sincerely,

Robyn Lee
Office Assistant II





CONTRACTOR APPLICATION

NAME OF COMPANY:		ADDRESS + ZIP:		PHONE NO:
OWNER'S NAME:		ADDRESS + ZIP:		PHONE NO:
FAX NO:	PAGER NO: EMAIL:	CELL PHONE NO:		
STATE LICENSE NUMBER:	FEDERAL TAX I.D. NUMBER:	OWNER'S SOCIAL SECURITY NUMBER:		
BONDING COMPANY:	BONDING NUMBER:	LEAD ABATEMENT CERTIFIED: YES / NO ENCLOSE COPY OF CERTIFICATE	EQUAL OPPORTUNITY EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIALITY/TRADE:	YEARS EXPERIENCE:	LEAD SAFE WORKS PRACTICE CERTIFIED: YES / NO ENCLOSE COPY OF CERTIFICATE	STATE MINORITY CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MONTH AND YEAR APPLIED FOR LICENSE:	MONTH AND YEAR APPLIED FOR BOND:	MONTH AND YEAR STARTED BUSINESS:		

BANK

NAME:	ADDRESS:	PHONE:
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CREDIT REFERENCES - Material Suppliers

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

JOB REFERENCES

NAME:	ADDRESS:	PHONE:
JOB DESCRIPTION: <input type="checkbox"/> Remodel <input type="checkbox"/> New		
NAME:	ADDRESS:	PHONE:
JOB DESCRIPTION: <input type="checkbox"/> Remodel <input type="checkbox"/> New		
CONTRACTOR SIGNATURE:	TITLE:	DATE:
CONTRACTOR'S ETHNICITY:	CONTRACTOR'S RACE:	MALE / FEMALE

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

- Please include copies of the following:
- Certificate of Liability-\$1,000,000 minimum naming
Pierce County Community Services and
Pierce County Community Development Corporation
As "Additional Insured" (see attached info sheet)
 - Copy of completed attached IRS Form W-9
 - Copy of Lead Abatement and/or Lead Safe Works Certificate
- Program(s) I/we are interested in:
- Emergency Repair
 - Substantial Rehabilitation (generals only)
 - Weatherization/Energy Assistance

FOR OFFICE USE ONLY - L & I/CREDIT VERIFICATION

LICENSE NO	EXPIRATION DATE	PRESIDENT/OWNER
BONDING COMPANY	EXPIRATION DATE	BOND AMOUNT
SECURED ACCOUNT IN LIEU OF BOND - BANK	ACCOUNT NO	EXPIRATION DATE
CLAIM(S) <input type="checkbox"/> No <input type="checkbox"/> Yes amount & description:		
CREDIT REPORT DATE	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

CONTRACTOR CHECK LIST

Please indicate all trades that are most suitable to your business.

<input type="checkbox"/>	ADA MODIFICATIONS - BATHROOMS	<input type="checkbox"/>	HVAC REPAIR / INSTALL / CLEANING
<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	HYDROSEEDING
<input type="checkbox"/>	ASBESTOS / LEAD ABATEMENT	<input type="checkbox"/>	INSULATING
<input type="checkbox"/>	ASBESTOS / LEAD TESTING	<input type="checkbox"/>	JANITORIAL SERVICES
<input type="checkbox"/>	ASPHALT PAVING / SEALING	<input type="checkbox"/>	LANDSCAPE MAINTENANCE
<input type="checkbox"/>	CABINETRY	<input type="checkbox"/>	MASONRY INSTALL / REPAIR
<input type="checkbox"/>	CARPENTRY	<input type="checkbox"/>	METAL FABRICATORS / WELDING
<input type="checkbox"/>	CARPET CLEANING	<input type="checkbox"/>	PEST CONTROL
<input type="checkbox"/>	CONCRETE CUTTING	<input type="checkbox"/>	PLASTIC LAMINATE INST / REPAIR / RESURFACE
<input type="checkbox"/>	CONCRETE INSTALLATIONS	<input type="checkbox"/>	PLUMBING CONTRACTOR
<input type="checkbox"/>	COUNTERTOPS	<input type="checkbox"/>	PRESSURE WASHING SERVICES
<input type="checkbox"/>	CURBING INSTALL / REPAIR	<input type="checkbox"/>	ROOFING INSTALL / REPAIR
<input type="checkbox"/>	DATA / TELECOM WIRE / SYSTEM INSTALL	<input type="checkbox"/>	SECURITY SYSTEM & FIRE ALARM (MTNC/REPAIR)
<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	SEWER / SEPTIC - SERVICE / REPAIR
<input type="checkbox"/>	DRAPERY / BLINDS / WINDOW COVERING	<input type="checkbox"/>	SEWER / SEPTIC SYSTEM INSTALL
<input type="checkbox"/>	DRYWALL	<input type="checkbox"/>	SIDING
<input type="checkbox"/>	ELECTRICAL CONTRACTORS	<input type="checkbox"/>	SIGNAGE
<input type="checkbox"/>	ENVIRONMENTAL SERVICES	<input type="checkbox"/>	SPRINKLERS, FIRE
<input type="checkbox"/>	EXCAVATING	<input type="checkbox"/>	SPRINKLERS, LAWN REPAIR
<input type="checkbox"/>	FENCE / GATES	<input type="checkbox"/>	STORM DRAIN CLEANING / REPAIR
<input type="checkbox"/>	FIRE / SMOKE / WATER DAMAGE CLEAN UP	<input type="checkbox"/>	STUMP GRINDING
<input type="checkbox"/>	FIRE EXTINGUISHERS	<input type="checkbox"/>	TILE SETTING
<input type="checkbox"/>	FLOOR COVERING	<input type="checkbox"/>	TREE SERVICE
<input type="checkbox"/>	GARAGE DOOR INSTALLATION	<input type="checkbox"/>	WALLBOARD INSTALL / FINISH
<input type="checkbox"/>	GENERAL CONTRACTOR / BUILDING CONSTR.	<input type="checkbox"/>	WHEELCHAIR RAMPS
<input type="checkbox"/>	GUTTER INSTALL / REPAIR	<input type="checkbox"/>	WINDOWS AND GLAZING
<input type="checkbox"/>	HAZARDOUS MATERIAL SERVICES / CLEANUP		

Specify Other Trades:
