



Department of Community Development
1090 Cranston Street
Cranston, RI 02920
401-461-1000 ext 7203 or 7205

CONTRACTOR'S APPLICATION

**Attach copies of Rhode Island Contractor's Registration Card, Insurance Binders,
Your Driver's License and Copies of all Lead Licenses that you hold.**

Date Application Submitted _____

Contractor's Name _____ Title _____

Business Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Corporation _____ Partnership _____ Individual _____ Tax ID # _____

E-mail address: _____

Are you a General Contractor? Yes ___ No ___ Years in Business _____ # of Employees _____

Primary Work/Specialty _____

Insurance Co: _____ Policy # _____

Address: _____ City: _____ State: _____

Coverage: Liability \$ _____ Property Damage \$ _____ Workman's Comp _____

MUST HAVE DECLARATION PAGE OF INSURANCE FAXED TO 401-943-3966

List the licenses you currently hold:

Type _____ License # _____

Type _____ License # _____

List the names of sub-contractors you regularly use on jobs:

Name _____ RI Reg # _____ Type of work _____

Name _____ RI Reg # _____ Type of work _____

Lead Certified Yes _____ No _____

Lead Hazard Reduction Contractor Lic # _____

Lead Safe Remodeler/Renovator Lic # _____

List three (3) to four (4) Customer References for work that has been completed: Additional references accepted on the back of this application.

Name: _____ Address: _____ City: _____

Work Performed _____ Phone #: _____

Name: _____ Address: _____ City: _____

Work Performed _____ Phone #: _____