

SEDA-Council of Governments  
201 Furnace Road • Lewisburg, PA 17837  
Phone (570) 524-4491 • Fax (570) 524-9190

### Subcontractor Information Form

**Please Note:** Copies of your Registrar of Contractor's License, PA HIC Certification and local tax licenses must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program and copies of all certifications you hold. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

Business Name: \_\_\_\_\_

Owner/Representative: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: Office \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

PA Home Improvement Contractor #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a General Contractor's License in this area? Yes No

What is your expertise? \_\_\_\_\_

How long have you been in the contracting business? \_\_\_\_\_

Are you registered with a minority/women's business enterprise program? Yes No

Please provide names and email addresses for any employees you employ full-time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle the counties in which you are willing to perform work activities:**

Montour	Columbia	Union	Snyder	Mifflin	Huntingdon
Juniata	Perry	Luzerne	Lycoming	Northumberland	

**THE UNDERSIGNED SUBCONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:**

- Contractor License and liability insurance are current, and the undersigned Subcontractor agrees to maintain in current status all licenses and bonds as required by the contracting agency.
- That the work to be performed will be in accordance with the property requirement standards.
- That if the work performed by the Subcontractor is found to be unsatisfactory by the administering agency or if contract relations between the Subcontractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list and withhold payment.
- The Subcontractor will abide by the federal regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all appliance codes and local zoning regulations.
- Upon award of bid/contract, please request that a Certificate of Insurance and Worker's Compensation Certificate be sent to SEDA-Council of Governments.
- The Subcontractor will abide by all safety precautions and programs in connection to work.

Subcontractor Representative Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_