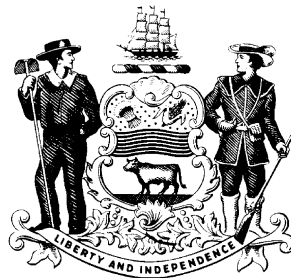


**APPLICATION
FOR
CONTRACTOR REGISTRATION**



Office of Management and Budget
Ann S. Visalli, Director
Established 6/4/07

OVERVIEW

- The primary purpose of the Application for Contractor Registration is to build a registry of companies that wish to be considered for public work valued up to \$100,000.
 - Projects valued at less than \$100,000 are considered “Small Public Works Projects”.
 - Projects valued at more than \$100,000 are considered “Large Public Works Projects”.
 - Both “Small” and “Large” Public Works Projects have specific bidding and procurement requirements that are defined in 29 Del. Code, Chapter 69.
- The Application for Contractor Registration does not replace the Application for Contractor and Subcontractor Annual Prequalification.
 - If a large public works contract requires prequalified contractors or subcontractors, a separate application must be submitted to the Office of Management and Budget.
- Completing and submitting an Application for Contractor Registration will provide the following benefit:
 - Your company will be placed on OMB’s registry of firms interested in bidding on work valued at less than \$100,000. Work valued between \$50,000 and \$100,000 require informal “letter bids” that do not have the complexity or formality associated with bids for large public works contracts.
 - When bidding opportunities arise where the value of work is less than the established threshold of \$100,000, email notices will be sent out to selected contractors included in the Contractor Registry. The email will provide a description of the work, a contact name and phone number and basic information that will enable contractors to submit a bid for the work.
- To submit an Application for Contractor Registration, please mail or fax the completed application to the following address or fax number:

Division of Facilities Management
Thomas Collins Building
Attn: Contractor Registry
540 S. DuPont Highway, Suite 1
Dover, DE 19901

Phone: (302) 739-5644
Fax: (302) 739-6148

**Office of Management and Budget
Division of Facilities Management**

Application for Contractor Registration

**Part 1
General Information**

Contractor Name: _____

Application Submitted by: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Website Address: _____

Delaware Business License Number: _____

Federal E.I. Number: _____

Please indicate if either of the following categories apply to your business:

Minority-Owned Business Enterprise

Delaware certified through Office of Minority and Women Business Enterprise

Yes - Certification No. _____ No

Women-Owned Business Enterprise

Delaware certified through Office of Minority and Women Business Enterprise

Yes - Certification No. _____ No

Veteran-Owned Business Enterprise

Yes - Certification No. _____ No

If your organization is eligible to be certified through the Office of Minority and Women Business Enterprise, you are encouraged to apply for certification. For more information on the certification of minority- and women-owned business enterprises, please visit <http://gss.omb.delaware.gov/omwbe/>.

Part 2 Additional Information

1. How many years has your company been in business? _____

2. If your organization is a corporation, please answer the following:

- a. Date of incorporation _____
- b. State of incorporation _____
- c. Names of all officers _____

3. If your organization is a partnership, please answer the following:

- a. Date of organization _____
- b. Type of partnership _____
- c. Names of all partners _____

4. If your company is individually owned, please answer the following:

- a. Date of organization _____
- b. Name of owner _____
- c. List any trade certifications _____

5. Has your company been bonded for work performed for a customer?

- Yes No

6. If the answer to 5 is "Yes", please provide the following information:

The maximum value of any one bond \$ _____
 The maximum bonding capacity of your company \$ _____

7. Please indicate the type of work you would like to be considered for by placing an "x" in the box next to the trades listed below. Provide your license number for the noted trade if applicable. You may choose as many trades as appropriate.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acoustical Ceilings _____ <input type="checkbox"/> Carpentry _____ <input type="checkbox"/> Concrete _____ <input type="checkbox"/> Controls _____ <input type="checkbox"/> Electric Power _____ <input type="checkbox"/> Flooring _____ <input type="checkbox"/> General Construction _____ <input type="checkbox"/> Masonry _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical _____ <input type="checkbox"/> Metal Studs and Drywall _____ <input type="checkbox"/> Painting/Wallcovering _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Roofing _____ <input type="checkbox"/> Site Work _____ <input type="checkbox"/> Steel Erection _____ <input type="checkbox"/> Testing & Balancing _____ |
|---|---|

Part 3
Project Information and References

Please provide information about two projects completed during the last 24 months.

Project 1

1. Project Name or Description: _____
2. Project Location: _____
3. Project Duration: _____
4. Month and Year Completed: _____
5. Dollar Value: _____
6. Owner Name and Address: _____

Telephone Number: _____
7. Architect and/or Engineer: _____
8. Describe the work performed by your company:

9. Did your company perform as a subcontractor on this project?
 Yes No
If "Yes", please provide the following information:
Name and address of General or Prime Contractor: _____

Contact Name and Phone Number: _____

10. Did your company obtain a Performance Bond for the work performed? If "Yes", please provide the dollar amount of the bond:
 Yes \$ _____ No

Project 2

1. Project Name or Description: _____
2. Project Location: _____
3. Project Duration: _____
4. Month and Year Completed: _____
5. Dollar Value: _____
6. Owner Name and Address: _____

Telephone Number: _____
7. Architect and/or Engineer: _____
8. Describe the work performed by your company:

9. Did your company perform as a subcontractor on this project?
 Yes No
If "Yes", please provide the following information:
Name and address of General or Prime Contractor: _____

Contact Name and Phone Number: _____

10. Did your company obtain a Performance Bond for the work performed? If "Yes", please provide the dollar amount of the bond:
 Yes \$ _____ No

This qualification statement must be signed by an officer/owner of the company.

By: _____
(Printed Name)

(Title)

(Authorized Signature)

Date: _____