



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 #: \_\_\_\_\_