



Application Number: _____

COMPANY CONTRACTOR CERTIFICATION FORM

Company Information

Company Name: _____

Company Address: _____

City: _____

State: _____

Company Contact: _____

Title: _____

Phone: () _____ - _____

E-mail: _____@_____

Please List the Names of All Employees that will be working within the flood affected area: Please use the back of this form if there are additional names.

Name(s):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

APPLICATION CHECKLIST:

Iowa Workforce Development Registration Number: # _____

Proof of Insurance

- General Liability (min. \$1,000,000 policy for non-metro licensed contractors performing projects in excess of \$2,000)

OR

- Insurance required by Metro Licensing Board

The City of Cedar Rapids reserves the right to complete background checks on applicants.