

**SOUTH CENTRAL PLANNING AND  
DEVELOPMENT COMMISSION  
HOME SEWAGE TREATMENT SYSTEM PROGRAM**

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**CONTRACTOR APPLICATION**

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

Owner's Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Legal Entity: (Check One)

SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_

Federal Tax ID/or Social Security No. #: \_\_\_\_\_

**LOUISIANA DEPARTMENT OF HEALTH  
ONSITE WASTEWATER SYSTEM INSTALLERS AND MAINTENANCE PROVIDERS  
LICENSE AND MANUFACTURERS CERTIFICATIONS**

*(Please provide a copy of License)*

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License Holder's Name	License Number/Classification	Expiration Date
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Manufacturer Endorsements:

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Worker's Compensation Insurance \_\_\_\_\_

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**AUTHORIZED COMPANY REPRESENTATIVES**

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This is a list of individuals authorized to sign contracts, pay requests and change orders in the name of the company:

Name	Signature	Title/Position
_____	_____	_____

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**REFERENCES**

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Contact	Type of Work	Phone #
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*Clients:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**INFORMATION FOR MONITORING PURPOSES**

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How did you hear about the SCPDC/BTNEP **Home Sewage Treatment System Program**?

- Program/Agency Referral
- Newspaper/TV /Radio Announcement
- Brochure
- Personal Referral
- Other (describe) \_\_\_\_\_

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CERTIFICATION

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Debarment And Suspension Certification: By signing this agreement, Contractor agrees to comply with applicable federal suspension and debarment regulations, including but not limited to Code of Federal Regulations (CFR) 7 CFR 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded by any federal department or agency and shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

I am applying to South Central Planning and Development Commission (SCPDC) for inclusion as an eligible Contractor for the **Home Sewage Treatment System Program**. I understand that this is not an offer or guarantee of work and that all contracts are awarded on a competitive basis. I hereby certify that to the best of my knowledge, all statements and representations made in this application are true and complete and agree to the release of information verifying any statement or representation made in this application. I also give permission and consent to SCPDC to use copies of this certification to obtain verifications.

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NAME

TITLE

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SIGNATURE

DATE

**Checklist for Application Submission**

- Completed and signed application.
- W-9 Form. We need your original signature.
- Contractor Handbook Part VI. Contractor's Acceptance Form.
- Copy of your current Louisiana Department of Health Licenses and Certifications.
- Copy of your Automobile Insurance.
- Certificate of Insurance in an amount of at least \$100,000.00.
- State Workers Compensation Insurance Certificate or exemption form (can be obtained from the contractor's Licensing Board).
- Copy of your Company's Standard Contract Form