



Paul A. Pettit, MSL, CPH
Public Health Director

GENESEE COUNTY
HEALTH DEPARTMENT
3837 West Main Street Rd.
Batavia, NY 14020
(585) 344-2580 x5555

ORLEANS COUNTY
HEALTH DEPARTMENT
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

Dear Contractor,

Thank you for your interest in participating in the Genesee – Orleans (GO) Lead Hazard Control and Healthy Homes Program. Enclosed you will find the Contractor Application/Permission to Conduct a Credit Check. These forms must be completed and returned to this office with the following documents:

1. Must provide a copy of your Business Certificate/DBA, and if the business is incorporated, you must submit copies of incorporation documents. Any changes must be noted.
2. Must provide a copy of your W9.
3. Must, at all times, be current on all property taxes for properties owned in the counties of Genesee and Orleans.
4. Must provide at least four (4) references and have a proven track record of quality performances on prior Lead Abatement/Risk-Reduction and/or Renovation projects. Recently certified firms may be considered on a case-by-case basis.
5. Must obtain a Duns/Cage by registering in the System for Award Management (SAM) at <https://www.sam.gov/portal/SAM/#1>.
6. Must carry General Liability Insurance with 30-day notice of cancellation rider and additional insured endorsement (\$2,000,000 General Aggregate & 1,000,000 each Occurrence as minimum coverage), Worker's Compensation Insurance, Disability Insurance and Occurrence based insurance and description of operations must read "General Contractor". Genesee County, 15 Main St. Batavia, NY 14020 must be named as additionally insured. All policies must be kept current and updated. All new certification must be mailed to the G-O Lead Hazard Control and Healthy Homes Program as needed.
7. Must submit Lead Training Certificates and Lead Licenses for the firm, and all individuals including owner, project managers, supervisors, foremen and all workers. They all must be EPA-trained, certified, and licensed by and according to EPA 40 CFR 745. They must all remain current with all new Federal and State Guidelines concerning Lead-based Paint Abatement, especially concerning Certification and Training of employees. All training certificates and licenses must remain current at all times. You will be contacted in writing following the review of your completed application. If you have any questions, you may contact G-O Lead Hazard Control and Healthy Homes Program at (585) 344-2580.

Failure to provide proper documentation will result in your application not being accepted and/or the removal of your company from the list.

May2022



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GENESEE – ORLEANS LEAD HAZARD CONTROL AND HEALTHY HOMES PROGRAM CONTRACTOR APPLICATION / PERMISSION TO CONDUCT CREDIT CHECK

(Please Print or Type)

COMPANY NAME: _____

COMPANY ADDRESS: _____

(Post Office Box is not acceptable)

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS TELEPHONE: _____ CELL PHONE: _____

OWNER'S NAME(S): _____

SOCIAL SECURITY #: _____ FEDERAL TAX I.D. #: _____

OWNER'S RESIDENCE (IF OTHER THAN COMPANY ADDRESS):

1. PLEASE LIST ALL PROPERTY OWNED SOLELY OR JOINTLY BY YOU WITHIN THE COUNTIES OF GENESEE AND ORLEANS:

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE UNITED STATES: YES ___ NO ___
IF YES, PROVIDE DATE(S) AND LOCATION(S): _____
(Applicants may still be approved with prior felonies.)

3. ARE YOU A MEMBER OF THE BETTER CONTRACTORS BUREAU? YES ___ NO ___
ARE YOU A MEMBER OF THE BETTER BUSINESS BUREAU? YES ___ NO ___

4. ARE YOU OR ANY OF YOUR EMPLOYEES LICENSED TO DO ELECTRICAL, HEATING OR PLUMBING WORK IN THE CITY OF BATAVIA OR VILLAGE OF ALBION? YES ___ NO ___
(PROVIDE NAME AND LICENSE):
NAME _____ LICENSE _____

5. ARE YOU LICENSED TO DO LEAD RENOVATIONS / ABATEMENT WITH THE EPA? YES ___ NO ___
(PROVIDE COPY OF LICENSE)



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6. IF NOT LICENSED ARE YOU WILLING TO BECOME LICENSED (SEE #5) YES ____ No ____

7. ARE YOU A MINORITY CONTRACTOR? YES ____ No ____
ETHNICITY: BLACK ____ HISPANIC ____ ASIAN ____ OTHER ____
WOMAN-OWNED BUSINESS ENTERPRISE ____

8. REFERENCES

NAME : _____
ADDRESS : _____
CITY, STATE, ZIP CODE : _____
CONTACT : _____
PHONE: _____

NAME : _____
ADDRESS : _____
CITY, STATE, ZIP CODE : _____
CONTACT : _____
PHONE: _____

NAME : _____
ADDRESS : _____
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THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS ANY PERSON, FIRM OR CORPORATION TO FURNISH ANY INFORMATION REQUESTED BY THE COUNTY OF GENESEE IN VERIFICATION OF THE RECITALS COMPRISING THIS CONTRACTOR'S STATE OF QUALIFICATIONS.

DATE _____

PRINT NAME OF FIRM _____

SIGNATURE /TITLE OF OWNER(S):

1. _____
2. _____
3. _____

Notary Public : _____