

BARNSTABLE COUNTY – TRADESPERSON BLANKET BID

TRADE SUMMARY SHEET

TRADE CATEGORY (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alarms (Fire) | <input type="checkbox"/> Alarms (Security) |
| <input type="checkbox"/> Asphalt/Paving Services | <input type="checkbox"/> Commercial Boiler Services |
| <input type="checkbox"/> Electrician Services | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> General Contractors | <input type="checkbox"/> Generator/Turbine Services |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Locksmith/Door Hardware |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Plumbing Services | <input type="checkbox"/> Pump/Motor Services |
| <input type="checkbox"/> Roofing Services | <input type="checkbox"/> Septic Services |
| <input type="checkbox"/> Tree Services | |

General Description of services you provide:

FIRM NAME: _____

DATE: _____

ADDRESS: _____

Mailing/Street

Town

State

Zip Code

Estimating/Sales Representative:

Name: _____

Email: _____

Direct Phone Number: _____

TRADE/PROFESSIONAL LICENSES HELD (include copies):

Minority and Woman Owned Business Certification (Massachusetts): MBE WBE Other

(include copy of certification with this form)

Note: Contractors are not required to be certified. This is for tracking purposes only.

OSHA VIOLATIONS IN THE PAST THREE YEARS: No Yes **Please provide details:** _____

HAVE YOU DEFAULTED ON A CONTRACT DURING THE PAST THREE YEARS: No Yes **Please provide details:**

ARE YOU CURRENTLY DEBARRED FROM ANY STATE OR FEDERAL CONTRACTS: No Yes **Please provide details:**

REGISTERED WITH THE SECRETARY OF STATE TO DO BUSINESS IN MASSACHUSETTS: Yes No
(Include screen print of the Secretary of State website with certification registration information or other proof of registration)

Date: _____ **Name of Submitting Contractor:** _____

YEARS IN BUSINESS _____ **Years (Minimum 5 years) (for trade category submitting for)** _____

BARNSTABLE COUNTY REGION(S) YOU WILL SERVICE: (Select all that apply)

Location A Upper Cape – Bourne, Falmouth, Mashpee, Sandwich

Location B Mid-Cape – Barnstable, Yarmouth, Dennis

Location C Lower Cape – Brewster, Harwich, Chatham, Orleans

Location D Outer Cape – Eastham, Wellfleet, Truro, Provincetown

Location E Nantucket – Nantucket County

By: _____

(Authorized Signature)

(Print Name)

Business Address: _____

City, State, Zip Code: _____

Telephone: _____ **E-mail address:** _____