Housing Authority of the Choctaw Nation of Oklahoma

PHONE: 580-326-7521 / FAX: 580-326-7641

Contractor Application

Name of Enterprise: _____

Address: _____City _____State _____Zip _____

Telephone # _____Fax # _____

E-mail: _____

Name of Contact Person: _____

Type of Work: General Contractor _____

Sub Contractor _____

Type of Specialty Contractor _____
i.e Electrical, Plumbing, HVAC, Well Drilling, etc.

Copy of License No_____ Expiration Date_____
(if applicable)

Are you willing to perform work in all 10 ½ counties of the Choctaw Nation of Oklahoma?
_____Y_____N
If No, what counties will you perform work in? _____
_____

In order to apply for "Indian Preference" in awarding of contracts, Indian ownership must constitute not less than 51% of the enterprise. Per section 3 of the Indian Financing Act of 1974.

Please attach a copy of General Liability Insurance (Minimum Amount of $300,000.00) and Workers Compensation Insurance Certificates.

Are you related to any employee of the Housing Authority of the Choctaw Nation? ___Y ___N
If yes, Name of employee _____How Related _____

Please attach a completed W-9 when submitting this application.

Signed: _____Date: _____
If you have any questions please contact: John Barry (580) 326-7521 Ext. 250.
Email: roofer@choctawhousing.com