**COUNTY OF ALAMEDA**
**CONTRACTOR BONDING ASSISTANCE PROGRAM**
**CONTRACTOR ENROLLMENT FORM**

1. Participant's Name & Address: Date:_____

(Company Name)_____
(Address)_____
(City)_____ (State)_____ (Zip Code)_____

Name of owner:_____ Name of manager:_____
Phone Number: (____)_____ Fax Number: (____)_____
E-mail: _____

Company Information:
a. Trade Specialty: _____ b. License Number/Class:_____
c. Type of Entity: Corporation_____ Partnership_____ Sole Proprietor_____
e. Date Business Established:_____ f. Annual Business Volume: $_____

**(Circle all that apply):**
In the last three (3) years, I have bid on County jobs as a: Prime - Sub - Both - Neither
In the last three (3) years, I have been awarded County jobs as a: Prime - Sub - Both - Neither

Business Relationships
a. Current surety: _____ b. Current surety agent:_____
c. Current bond line: $_____ d. Current bank:_____
e. Current credit line: $_____ f. Current CPA:_____

2. Certification and Business Profile (Check all that apply):
a. County of Alameda – LOCAL_____
b. County of Alameda – SLEB_____
c. COP_____
d. ECOP_____
e. DBE_____

3. Regarding the Contractor Bonding Assistance Program (Check all that apply):
*I am interested in using the Program to assist with*

a. Bonding_____ ($_____) b. Bidding/job estimating_____
c. Accounting_____ d. Business Management_____
e. Other desired areas (specify)_____

Signature_____ Date_____
PRINT NAME AND TITLE