Agency Name: Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Cleanup contractor and vendor application for addition to the approved/preferred cleanup contractor list. This list will be used by [Local EM or LEPC] on a rotating basis. The list will be provided to responsible parties to aid their selection in a cleanup contractor. [Local EM or LEPC] does not endorse any contractor. The goal is for qualified and competent contractors to complete hazardous substance and waste cleanup to prevent additional injury or harm to those working the incident, the public and the environment.

The application period is open annually from Click or tap to enter a date. to Click or tap to enter a date.

Forms must be submitted to Click or tap here to enter text. by Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| Cleanup Contractor Application Form | | |
| Application Date | Click or tap to enter a date. | **Submitter Name:** Click or tap here to enter text. |
| Company Name | | Click or tap here to enter text. |
|  | **Physical Address** | **Mailing Address** |
| Number and Street: | Click or tap here to enter text. | Click or tap here to enter text. |
| City: | Click or tap here to enter text. | Click or tap here to enter text. |
| State: | Click or tap here to enter text. | Click or tap here to enter text. |
| Zip Code: | Click or tap here to enter text. | Click or tap here to enter text. |
| Contact | **Primary** | **24-Hour Emergency Contact** |
| Name: | Click or tap here to enter text. | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Click or tap here to enter text. |

**Document Experience** (Check box for experience and attach supporting documentation as part of submittal if applicable)

*Capabilities for Level of Response*

Level A, Estimate Number of Personnel:Click or tap here to enter text.

Level B, Estimate Number of Personnel:Click or tap here to enter text.

Level C, Estimate Number of Personnel:Click or tap here to enter text.

Level D, Estimate Number of Personnel:Click or tap here to enter text.

*Contamination Experience:*Contractor has prior experience handling and cleaning up:  Arsenic  Creosote  Lead

Mercury Oil  Pesticides  Asbestos  Radioactive Waste  Other: Click or tap here to enter text.

*Regulations Company Personnel are Knowledgeable:*

*Permitted*

NC DOT Contracted Service Unit  Hazardous Waste Transporter, EPA ID: Click or tap here to enter text.

Capable of handling/shipping DOT Class Hazards: Click or tap here to enter text.

*Insurance*

Workers Certificate of Insurance Liability Insurance Certificate  Commercial General Liability Insurance

Auto Liability  Company Health and Safety Plan/Program

*Cost Estimates (subject to change and addressed at time of contract)*

Cleanup Equipment Fee Structure  Personnel and Labor Fee Structure

*Describe Company Response Capabilities and Response Time within the [Local EM or LEPC]:*

Click or tap here to enter text.

I certify that I have personally examined and am familiar with the information submitted in this application. I believe that the submitted information is true, accurate and complete.

Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date.

Name and Title of Submitter Signature Date Signed