

COMMUNITY VENTURES CORPORATION

PEST CONTROL INSPECTION PROCUREMENT

AGENCY: _____

CRITERIA:

1. Availability to undertake and complete pest control inspections in a timely manner on prospective properties being considered for purchase under the Community Ventures Corporation Neighborhood Stabilization Program Project.

2. Experience in residential pest control inspections.

4. Price per Inspection _____

Price x (up to) **25** units = _____ Total Cost

5. Inspector(s) must hold a Kentucky Pest Control Inspector license and/or certification; a copy of the license(s) and/or certification(s) must be attached:

COMMUNITY VENTURES CORPORATION

PEST CONTROL AGENCY QUALIFICATIONS

AGENCY INFORMATION: (complete all that apply)

NAME: _____

ADDRESS: _____

S.S.# or BUSINESS ID #: _____ FAX: _____

PHONE NUMBER: _____ EMAIL: _____

CONTACT PERSON: _____ HOURS OF AVAILABILITY: _____

IS YOUR COMPANY OWNED/MANAGED BY 51% OR MORE:

a) _____ WHITE _____ BLACK _____ AMERICAN INDIAN / ALASKAN NATIVE
_____ ASIAN / PACIFIC ISLANDER _____ OTHER

b) _____ HISPANIC _____ NON-HISPANIC

c) _____ MALE _____ FEMALE

NUMBER OF YEARS IN BUSINESS _____

NUMBER OF LICENSED/CERTIFIED INSPECTORS: _____

BUSINESS EXPERIENCE:

List **company name**, **address**, and **phone number** as well as **contact person**. Please complete this section in detail; it is our best method of checking your past performance.

1. Have you ever entered into a contract with this agency? If yes, please list contract number, when, and the project number.

Other References:

2. _____

3. _____

4. _____
