

Attachment K. Contractor Information Form

This page is to be completed and returned with bid.

1. Contractor Name: _____
2. Contractor is to list Project Manager: _____
3. Contractor is to list Project Manager 24 hour-a day Cell Phone number:

4. Contractor is to list Pennsylvania Department of Agriculture, Pesticide Application Business License BU number:

5. Provide a copy of Pesticide Application Business License.
6. Provide a copy of all Pesticide Applicators Certifications ID cards.