



**APPLICATION**  
**Paid Service Provider**

Organization or company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact person name/title: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email \_\_\_\_\_

How long has this company been in business in this area? \_\_\_\_\_

Description of services (list all you are able to provide):

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Description of your rates:

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Are you able to offer NOV members a 10% discount? \_\_\_\_Yes \_\_\_\_No

List relevant insurances with \$ amounts and carrier (including worker's comp, liability, and vehicle)

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List relevant California state licenses and certifications, etc. in detail (e.g. contractors lic C-27 #555546)

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Are you bonded?

\_\_\_ YES

\_\_\_ NO

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How did you hear about North Oakland Village, and who referred you to our organization?

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Do you have experience working with elders? \_\_\_ YES \_\_\_ NO

Where? \_\_\_\_\_

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What information about the company will help us evaluate your services in order to refer your company to our members?

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Please list three references with daytime telephone numbers and email address, and describe the nature of the work you did for that person or company.

1)

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2)

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3)

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Return completed, signed application form to NOV office – 5116 Broadway, Oakland, 94611, in the Rockridge Shopping Center, or mail to PO Box 21573, Oakland, CA 94611