

**Application for
Deconstruction Contractor
Interim Certification**



Return with attachments to:

Department of Neighborhood Services, 841 N Broadway, Room 105, Milwaukee, WI 53202

Applicant Name: _____

Company Name: _____

Address: _____ **Email:** _____

Office Phone: _____ **Mobile Phone:** _____

Is individual or company current with or capable of obtaining wreckers and movers bonding and insurance per requirements of chapter 218 of the Milwaukee Code of Ordinances.

Yes No

Has applicant successfully completed any formal deconstruction training?
Please list times/places/instructors.

Has applicant successfully completed any informal deconstruction training?
Please list times/places/instructors.

Has applicant participated in previous City of Milwaukee deconstruction projects?

Has applicant acted as a supervisor and/or trainer during any deconstruction projects?

Has applicant acted as prime contractor for any deconstruction projects?

What experience do you have in the sales and/or marketing of materials from deconstruction projects?

List any certifications, accreditation or professional affiliations relevant to deconstruction:

Please provide a resume including photos of deconstruction projects, salvage projects and construction projects demonstrating significant efforts in waste reduction and/or green building techniques.

Please provide a few professional references:

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| Signature | Printed Name | Date |
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