



John J. Barthelmes  
Commissioner of Safety

STATE OF NEW HAMPSHIRE  
Department of Safety  
Division of State Police  
33 Hazen Drive  
Concord, NH 03305  
Telephone Number: (603) 223-3861



**CONTRACTOR APPLICATION**

ALL SHADED AREAS MUST BE COMPLETED AND TYPED ON THE TAB THROUGH FORM. AFTER COMPLETION, PRINT AND SIGN.

Contractor's Company Name: \_\_\_\_\_

Contractor's Company Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The below undersigned, \_\_\_\_\_ are requesting to contract the services of the State of New Hampshire, Department of Safety, Division of State Police (State) to perform law enforcement services at either construction sites or escorting oversize loads, or other designated voluntary commercial assignments that are not related to the regular duties of a sworn employee.

**VENDOR CERTIFICATION**

I must be a duly registered vendor authorized to conduct business in the State of New Hampshire. I have a completed Alternate W-9 form (no fee) on file with the State of New Hampshire and will comply with all terms and conditions of the State of New Hampshire. *(must be on file to be considered)*.

See following website if required: <http://admin.state.nh.us/purchasing/vendorresources.asp>.

**NEW HAMPSHIRE SECRETARY OF STATE REGISTRATION**

**(CERTIFICATE IN GOOD STANDING)**

A person or persons conducting business under any name other than his/her own legal name must register with the New Hampshire Secretary of State. Businesses are classified as "Domestic" (in-state) or "Foreign" (out-of-state). The following website provides the requirements and filing fees for both classifications: <http://www.sos.nh.gov/corporate/soskb/csearch.asp>. A current Certificate of Good Standing must be on file with the New Hampshire Secretary of State.

**PAYMENT AND COMPENSATION**

Invoices will be billed at a four (4) minimum hours per trooper and subsequent one-half (1/2) hour increments at the current detail rate. I agree to pay invoices within 30 days after receipt of the invoices from the State. If not paid within 30 days, I will not be able to request services until paid in full.

**INSURANCE**

I agree to furnish an insurance certificate with a minimum of \$250,000.00 per claim and \$2,000,000.00 per occurrence for general liability, naming the State of New Hampshire, Department of Safety as the certificate holder. The certificate shall contain a clause prohibiting cancellations or modifications of the policy earlier than fifteen (15) days after written notice thereof has been received by the State. The policies described shall be the standard form employed in the State of New Hampshire, issued by Underwriters acceptable to the State, and authorized to do business in the State of New Hampshire.

Contractor's Signature: \_\_\_\_\_  
**ORIGINAL SIGNATURE REQUIRED**

Contractor's Name and Title: \_\_\_\_\_

Contractor's E-mail Address: \_\_\_\_\_