**Contractor Listing (Districts Only)**

**District:** **Date:**

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| --- | --- | --- | --- | --- |
| **Contractor Name** | **Address** | **Phone Number** | **Criminal History Approval Date** | **E-mail Address** |
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**Instructions: Complete this form listing the contractors your district will have contracts with for this school year. This will ensure we collect their certification in a timely manner. Return this form with your district certification documents to the county office.**