

APPLICATION FOR PREQUALIFICATION 2014

1. **Applicant Name:** _____

2. **Mailing Address:** _____

3. **Physical Address:** _____

4. **Telephone:** _____ **Fax:** _____

5. **Cell phone:** _____ **Email:** _____

6. **Type of Organization:**

A) _____ Individual – Date Formed: _____

(1) If applicant is a sole proprietorship, how long have you been in business?

B) _____ Partnership – Date Formed: _____

(1) Name and Addresses of all partners:

(2) Length of time partnership has been in business: _____

C) _____ Corporation – Date formed and state: _____

(1) Name and address of registered agent:

(2) Names and address of officers of the corporation and their length of time with the corporation. Indicate by an * those authorized to sign the contract:

(3) Number of years corporation has been in business: _____

7. Has applicant operated under a different name previously? _____

Name: _____

8. If applicant is a wholly owned subsidiary of another company, please submit the name and address of the parent company: _____

9. For the year for which applicant is requesting prequalification, attach registration number or other evidence that applicant is a registered contractor under the provisions of RCW 18.27:
- A) Contractor's License No.: _____
(Attach a copy of registration certificate.)
 - B) Classification: GENERAL _____ SPECIALTY _____
 - C) State of Washington – Department of Agriculture – Pesticide Application License (under the provisions of RCW 17.21): YES _____ NO _____
(Attach a copy of Pesticide License.)
 - D) Account number under which industrial insurance, medical aid, etc. payments are reported:

 - E) Has the applicant paid all current license fees to the State of Washington:
YES _____ NO _____
10. Set forth the name and address of applicant's bank, including the branch and name of the individual in said bank to be contacted for financial reference:
- _____
- _____
- _____
- _____
11. Attach your last fiscal year's balance sheet.
12. Please list all lawsuits or arbitration proceedings in the last six (6) years (if none, please state "none"):
- _____
- _____
13. Please provide your UBI (Unified Business Identifier) number:
- _____
14. Affirm that applicant has not been disqualified from bidding on any public works contract under RCW 39.06.010 or 39.12.065.
- _____

15. For what type(s) of work do you wish to submit proposals?

- DISTRIBUTION
- Hot Work – Overhead
- Overhead Construction
- Underground, Primary
- Underground, Secondary
- Plowing
- Trenching
- Pipe Pushing/Directional Boring

- TRANSMISSION
- Wood Pole
- Steel Tower
- Steel or Concrete Poles
- Underground
- Stringing and Sagging Conductor

- SUBSTATION, DE-ENERGIZED
- Excavation
- Concrete Foundations

- SUBSTATION, ENERGIZED
(Requires WA Electrical License)
- Excavation
- Concrete Foundations
- Complete Installation
- Panel Fabrication
- Maintenance of Power Transformer
- Maintenance of High Voltage Breakers

- AREA & STREET LIGHTING
- Installation
- Maintenance
- POWER LINE CLEARANCE VEGETATION MANAGEMENT
- POLE TESTING & TREATING
- UNDERGROUND CABLE INJECTION

- FIBER OPTIC CABLE INSTALLATION
- Installation Overhead
- Maintenance Overhead
- Installation Underground
- Maintenance Underground
- Plowing
- Trenching Conduit
- Pipe Pushing & Directional Boring

- FIBER OPTIC ELECTRICAL EQUIPMENT
- Installation Overhead
- Maintenance Overhead
- Installation Underground
- Maintenance Underground

STORM AND EMERGENCY RESPONSE

MISCELLANEOUS– PLEASE LIST:

16. ***WHAT IS THE MAXIMUM SIZE OF CONTRACT YOU FEEL QUALIFIED TO BID/QUOTE, CONSIDERING THAT CONTRACTOR MUST PRODUCE A PUBLIC WORKS CONTRACT PERFORMANCE BOND IN THE SUM OF 100% OF THE CONTRACT AMOUNT?***

17. What are the limits of your liability insurance? _____ (District’s minimum requirement is \$2,000,000.00)

18. Affirm that for craftsmen employed on work for the District, applicant will pay wages and benefits that prevail in the locality of the work as determined by the Department of Labor and Industries.

19. Will you provide performance bond, Intent to Pay Prevailing Wages, Affidavit of Wages Paid and Certificate of Insurance if required by the District? YES NO

20. Affirm that applicant will comply with government regulations regarding non-discrimination of employment and employment practices on the basis of sex, race, color or national origin.

- 21. Attach a list of your previous work experience, including names, addresses, location of the jobs performed, a brief description of the job, the approximate dollar value of the job and a contact person at that location.
- 22. APPLICANT RECOGNIZES AND AGREES THAT UNDER THE PROVISIONS OF RCW 54.04.085, THAT THE DISTRICT HAS THE RIGHT TO RECONSIDER OR REDETERMINE THE PREQUALIFICATION STATUS OF APPLICANT AT ANY TIME OR FOR ANY REASON AT THE SOLE JUDGMENT OF THE DISTRICT COMMISSION.
- 23. Authorized company signature:

_____ *** Signature must be notarized below ***

 PRINTED NAME

 TITLE

 DATE

STATE OF _____)
) ss.
 COUNTY OF _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed the same as a free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she is authorized to execute the said instrument, and that the statements contained in said instrument and in the attachments thereto are true and correct to the best of his/her knowledge.

WITNESS my hand and official seal hereto affixed the day and year first above written.

Seal:

 Notary Public in and for the State of _____,
 _____, residing at _____.