

Lewis County

PUBLIC UTILITY DISTRICT NO. 1

321 N.W. PACIFIC AVENUE / P.O. BOX 330 • CHEHALIS, WASHINGTON 98532
1-800-562-5612 • (360) 748-9261 • FAX (360) 740-2455

APPLICATION FOR SMALL WORKS ROSTER FOR ELECTRIC SYSTEM AND COWLITZ FALLS PROJECT FOR THE YEAR 2010

Business Name _____ Date ___/___/___

Address _____
City State Zip

Mailing Address (if different) _____
City State Zip

Telephone Number _____ Fax Number _____

Contact Person _____
Name Title

Email Address _____ Website Address _____

Tax/UBI No. _____ Contractor No. _____

1. For which of the following types of work does the applicant wish to be considered as qualified (circle all that apply):

- | | |
|--|-----------------------------------|
| a. Backhoe and excavation | g. Metal repair and fabrication |
| b. Concrete repair | h. Painting |
| c. Diving and underwater inspecting | i. Pump and drilling |
| d. Electrical | j. Road Construction |
| e. Electrical instrument and relay testing | k. Structural building and repair |
| f. Mechanical Piping | l. Tug boat services |
| | m. Other: _____ |

2. Length of time applicant has been in business performing work listed above:
_____ years

3. If applicant is a corporation, please complete the following:
- a. State of incorporation _____
 - b. Name of registered agent _____
 - c. Address of registered agent _____
 - d. Names and addresses of officers of the corporation and their length of service with the corporation. Indicate by an asterisk (*) those authorized to sign contracts.

4. Has the applicant paid all current license fees to the State of Washington?
 _____yes _____no
5. List all areas of work where subcontractors are normally used.
- a. Area of Work: _____
 Subcontractor's Name: _____
 - b. Area of Work: _____
 Subcontractor's Name: _____
6. Financial References. Please provide a bank reference with the name and telephone number of the bank official to contact.
- a. _____

Name of Bank	Contact Name	Telephone Number
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7. Indicate the dollar amount of your contractor bonding capacity:
 \$ _____
- a. Set forth and name and address of your surety, including the name of the individual in said company to be contacted for confirmation of this amount:

8. Provide the name of applicant's insurance company and name and telephone number of agent.

9. List three project you have completed within the past five years involving the type of work listed in (1) above:

Type of Project	Date Completed	Owner
Contract Amount	Contact Person	Telephone Number
Type of Project	Date Completed	Owner
Contract Amount	Contact Person	Telephone Number
Type of Project	Date Completed	Owner
Contract Amount	Contact Person	Telephone Number

10. In order for your company to qualify as a contractor on the District’s Small Works Roster, the following must be attached:

- a. A list of equipment available for work, showing the age and location where an equipment inspection may be made by District representatives.
- b. A current certified financial statement for your business.
- c. A certificate of insurance describing types and amounts of insurance applicant carries.

11. Do you affirm that the applicant will comply with the General Terms and Conditions listed on the District’s Agency or Contractor’s Agreement?

___yes ___no

Submitted this _____ day of _____, 20_____.

Business Name of Applicant

Authorized Signature

Mail form to: Public Utility District No. 1 of Lewis County
P.O. Box 330
Chehalis, WA 98532