

District Use Only:

LS ___ GD ___ MH ___ BD ___ RK ___ JS ___

Previous Pre-Qual Amount: \$ _____ New Pre-Qual Amount: _____

References checked by: _____ (on new contractors only) Date: _____

Date To Board: _____



**APPLICATION FOR PREQUALIFICATION TO BID ON
CONSTRUCTION OR IMPROVEMENT OF ELECTRICAL FACILITY**

Contractors wishing to apply to the PUBLIC UTILITY DISTRICT NO. 1 OF CLALLAM COUNTY for designation as a pre-qualified bidder for construction or improvement of any electrical facility, as defined by RCW 54.04.080 and required by RCW 54.04.085, shall complete the following questionnaire and submit all the information requested.

As used herein, the term "construction or improvement of any electrical facility" shall mean the construction, the moving, maintenance, modification, or enlargement of facilities primarily used or to be used for the transmission or distribution of electricity at voltages above seven hundred fifty volts, including structures directly supporting transmission or distribution conductors but not including site preparation, housing, or protective fencing associated with but not included in a contract for such construction, moving, modification, maintenance, or enlargement of such facilities.

1. Name of Business: _____

2. Address -- Mailing: _____

Business: _____

Telephone Number: _____

FAX Number: _____

E-Mail Address: _____

U.B.I. Number: _____

Contractor Registration No: _____

WA Employment Security No: _____

Dept. of Revenue State Excise Tax No: _____

Company Federal Tax ID No: _____

Sole Proprietorship ☐

Partnership ☐

Incorporation ☐

3. If Applicant is a corporation:
- a. State of incorporation: _____
 - b. Name and address of registered agent: _____

 - c. Names and addresses of officers of the corporation and their length of time with corporation. Indicate by an "*" those authorized to sign contracts:

 - d. Number of years the corporation has been in business: _____
4. If Applicant is a partnership, state -
- a. Names and addresses of all partners:

 - b. Length of time partnership has been in business: _____
5. If Applicant is a sole proprietorship, how long have you been in business? _____
6. Number of years Applicant has performed the type of work for which Applicant is bidding: _____
7. Has the Applicant paid all current license fees to the State of Washington (Y/N):
- License type:** **Electrical** _____ Electrical License # _____
- General Construction** _____ General License # _____
8. Attach a **general résumé** setting forth applicant's experience, technical qualifications, and organization's ability to perform the proposed construction.
9. Attach a **list of your supervisory personnel, their qualifications, and years of experience**. Also list the number and type of craftsmen available, and list equipment available for work.
10. Attach a **list of clients served over the last three (3) years** including their names, addresses, location of the jobs performed, and contract amounts of the larger contracts. Be sure to include all work done with other Washington public utility districts.
11. What is the maximum amount of work, expressed in dollars, which you consider you are capable of undertaking? \$_____

12. 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.

13. Set forth the names, addresses, and direct contact information of three (3) clients who will act as references.

14. Attach your last fiscal year's complete financial statement (**Balance Sheet and Income Statement**). You must also submit a letter from your bonding/surety company that identifies their capacity in aggregate and by project.

Note: Application for Pre-qualification will not be considered without last fiscal year's complete financial statement.

15. Affirm that Applicant will pay wages and benefits for craftsmen employed on work that prevail in the locality of the work, as determined by the Department of Labor and Industries. _____
(Please write "affirm", if you agree)

16. 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.
_____ (Please write "affirm", if you agree)

17. APPLICANT RECOGNIZES AND AGREES THAT UNDER THE PROVISIONS OF RCW 54.04.085, IF THE DISTRICT COMMISSION DETERMINES THAT A PREQUALIFIED CONTRACTOR NO LONGER MEETS ALL OF THE REQUIREMENTS FOR PREQUALIFICATION STATUS, THE DISTRICT MAY REFUSE TO FURNISH THAT CONTRACTOR WITH A CONTRACT PROPOSAL FORM AND MAY REJECT ANY BID PROPOSAL SUBMITTED BY THAT CONTRACTOR. _____
(Please write "affirm", if you agree)

18. List all OSHA citations received over the past three years including:

- Violation type
- Date
- Outcome and brief description of citation
- Any fatal accidents
- **MUST ATTACH OSHA 300 LOG FOR THE PREVIOUS 3 YEAR PERIOD**

19. Applicant confirms they are not on any State or Federal Suspended/Debarment lists. If for any reason applicant is placed on any State or Federal Suspended/Debarment lists, applicant must

inform the District immediately and is banned from bidding on any project until the Suspension/Debarment is lifted and at the discretion of the District. _____

(Please write "affirm", if you agree)

For which of the following classes of work are you seeking prequalification? *Indicate by use of "X" in proper square.*

A. DISTRIBUTION

- | | | |
|----|-------------------------|--------------------------|
| 1. | Hot Work - Overhead | <input type="checkbox"/> |
| 2. | Overhead Construction | <input type="checkbox"/> |
| 3. | Underground - Primary | <input type="checkbox"/> |
| 4. | Underground - Secondary | <input type="checkbox"/> |
| 5. | Plowing | <input type="checkbox"/> |
| 6. | Trenching | <input type="checkbox"/> |

B. TRANSMISSION

- | | | |
|----|---------------------------------|--------------------------|
| 1. | Wood or Fiberglass Poles | <input type="checkbox"/> |
| 2. | Steel Tower | <input type="checkbox"/> |
| 3. | Steel or Concrete Poles | <input type="checkbox"/> |
| 4. | Underground | <input type="checkbox"/> |
| 5. | Stringing and Sagging Conductor | <input type="checkbox"/> |

C. POLE AND WOOD PRODUCT INSPECTION

- | | | |
|----|--------------------------------------------|--------------------------|
| 1. | Inspection and Treatment of Poles in Place | <input type="checkbox"/> |
| 2. | Inspection of New Crossarms and Poles | <input type="checkbox"/> |

D. SUBSTATION

- | | | |
|----|-----------------------------|--------------------------|
| 1. | Complete Installation | <input type="checkbox"/> |
| 2. | Control Wiring and Metering | <input type="checkbox"/> |
| 3. | Maintenance | <input type="checkbox"/> |

E. AREA AND STREET LIGHTING

- | | | |
|----|--------------|--------------------------|
| 1. | Installation | <input type="checkbox"/> |
| 2. | Maintenance | <input type="checkbox"/> |

F. TREE TRIMMING AND BRUSHING

- | | | |
|----|---------------------------|--------------------------|
| 1. | Involving "Hot" Lines | <input type="checkbox"/> |
| 2. | Not involving "Hot" Lines | <input type="checkbox"/> |

G. RIGHT-OF-WAY CLEARING

☐

H. ENVIRONMENTAL CLEANUP SERVICES

☐

I. MISCELLANEOUS (List any special class not covered above)

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

I certify that information herein and/or attached is correct, true, and complete.

SIGNED this _____ day of _____, 20____.

Signature of Applicant

Name and Title (Typed or Printed)

STATE OF _____)
County of _____) ss.

Signed or attested before me on this _____ day of _____, 20____, by

_____.

NOTARY PUBLIC in and for the
State of _____
My Commission Expires: _____

[Notary Seal]