

SMALL WORKS ROSTER APPLICATION

E-MAIL or MAIL COMPLETED APPLICATION TO:

PRICE@SKAGITPUD.ORG
CATHERINE PRICE, CONTRACT COORDINATOR
PUD NO. 1 OF SKAGIT COUNTY
1415 FREEWAY DRIVE
MOUNT VERNON, WA 98273

1. Name of Contractor or Service Provider: _____

2. Address:
 - a. Mailing: _____
 - b. Business: _____
 - c. Phone Number: _____ Email: _____

3. Check as Appropriate: Incorporated LLC Partnership Sole Proprietorship
Incorporated or LLC, state resident agent and address. Partnership or Sole Proprietorship, state managing person and address.

Contact: _____

Mailing Address: _____

4. Federal Tax Identification Number: _____

5. Unified Business Identifier: _____

6. Washington State Contractor's License Number: _____

7. Complete Attachment A, identifying work categories for which you are seeking qualification.

8. Number of years applicant has performed the type of work for which applicant is bidding: _____.

9. Complete Attachment B, list clients for which work has been performed over the last three years including their names, addresses, phone numbers and location of jobs.

10. Complete Attachment C setting forth applicant's technical qualifications and organizational ability to perform each type of work for which you are seeking qualification. This resume shall also include a list of your supervisory personnel and their qualifications and years of experience, a list of the number and type of craftsmen available and a list of equipment available for work.

11. Complete Attachment D setting forth applicant's compliance with WISHA core safety and health rules; and establishing the applicant's safety and health performance.

12. The Contractor or Service Provider is required to pay prevailing wages in accordance with RCW 39.12 and RCW 54.04.090 and submit intent and affidavit forms to the District accordingly.

13. By signing this application, I certify that all work performed for the District under any Small Works Contract shall comply with WSDOT/APWA 2020, or current, Standard Specifications for Road, Bridge and Municipal Construction or as amended by the specific Contract.

Signature _____

Printed Name _____

Catherine Price

Title _____

Contract Coordinator

Title _____

Date _____

Date _____

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

**SMALL WORKS ROSTER
QUALIFICATION CATEGORIES
[ATTACHMENT A]**

I. WATER FACILITY CONSTRUCTION

A. INSTALLATION

- 1. Concrete Cylinder Pipe.....
- 2. Ductile Iron Pipe.....
- 3. PVC Pipe.....
- 4. HDPE Pipe.....
- 5. Welded Steel Pipe.....
- 6. Meters.....

B. REPAIR

- 1. Concrete Cylinder Pipe.....
- 2. Ductile Iron Pipe.....
- 3. PVC Pipe.....
- 4. HDPE Pipe.....
- 5. Welded Steel Pipe.....
- 6. Meters.....

C. PUMPING STATION

- 1. Complete Installation.....
- 2. Control Wiring and Metering.....
- 3. Maintenance.....

D. RESERVOIR STORAGE

- 1. Installation.....
- 2. Maintenance.....
- 3. Cleaning Painting.....

E. CLEARING AND GRUBBING

- 1. Yes.....

F. WATER TREATMENT FACILITY

- 1. Mechanical/Hydraulic Equipment.....
- 2. Electrical Equipment.....
- 3. Control Equipment.....
- 4. Plant Subsystems.....

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

**SMALL WORKS ROSTER
QUALIFICATION CATEGORIES
[ATTACHMENT A]**

II. BUILDING AND MAINTENANCE CONSTRUCTION OR IMPROVEMENT WORK

A. GENERAL BUILDING

- 1. General Contractors.....
- 2. Remodel/Carpentry.....
- 3. Roofing Repair.....
- 4. Small Projects, Maintenance/Repair.....
- 5. Carpet, linoleum, wall covering installation.....
- 6. Doors, windows, overhead doors.....
- 7. Painting.....

B. ELECTRICAL

- 1. Construction.....
- 2. Maintenance.....

C. HVAC (HEATING, VENTILATION, AIR CONDITIONING)

- 1. Construction.....
- 2. Maintenance.....

D. PLUMBING

- 1. Construction.....
- 2. Maintenance.....

E. HOUSEKEEPING

- 1. Janitorial/Custodial.....
- 2. Specialty – Fire Damage Repair.....
- 3. Specialty – Flood Repair.....

F. GROUNDSKEEPING

- 1. Mowing and Trimming.....
- 2. Spraying.....

PUBLIC UTILITY DISTRICT No.1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER
3-YEAR HISTORY OF WORK [ATTACHMENT B]

EXAMPLE:

Name/Location of Project:Line extension, Sedro-Woolley Nature and Scope of Work:Install 3,200 LF 8”
DIP and 15 services along Cook Road

Total Price:\$185,000 Completion Date:08/15/16 Owner:J.C. Jacobs, Inc
Owner's Rep:Robert P. Jacobs Phone: (206) 856-9902

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

Name/Location of Project: _____ Nature and Scope of Work _____

Total Price: \$ _____ Completion Date: _____ Owner _____

Owner's Rep: _____ Phone: _____

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER GENERAL
RESUME [ATTACHMENTC]

Work Category: _____

A. Technical Qualifications of the Firm (Number of years in business, license number, level of experience in this category, professional associations, etc.):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

B. Supervisory Personnel (name, qualifications, years of experience):

- a. _____
- b. _____
- c. _____
- d. _____

C. Workforce of the Firm: Trade (Carpenters, Operators, etc) ___ Number usually employed

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

D. Equipment Assets of the Firm (Trucks, Backhoes, Loaders, etc):

	Manufacturer/Model	Condition	Quantity
a.	_____		
b.	_____		
c.	_____		
d.	_____		
e.	_____		

NOTE: Additional pages, or a Company brochure that provides all the above information, may be attached to this page.

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER
SAFETY & HEALTH PERFORMANCE
[ATTACHMENT D]

A. Experience Modification Rate (EMR). If EMR data is unavailable, contractor must explain.

Current Year	Last Year	Year Before Last

B. Core Safety and Health Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	a. Does your company have a written accident prevention plan (APP) that complies with WAC 296-800-140? If yes, attach copy of APP table of contents. If no, explain reason for not having a written APP.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Does your company have 10 or more employees? If yes, attach OSHA 300 and 300A for past 3 years.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Has your company had “serious” classified WISHA, OSHA or state-OSHA violations or citations in the last 5 years? If yes, attach a description and related information.		
Yes No	d. Does your company have a written safety plan (either as part of overall APP or stand-alone plan) for the following subjects?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Emergency action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	ii. PPE use and assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	iii. Respiratory protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	iv. Confined space entry
<input type="checkbox"/> Yes <input type="checkbox"/> No	v. Lockout/Tagout	<input type="checkbox"/> Yes <input type="checkbox"/> No	vi. Hearing conservation
<input type="checkbox"/> Yes <input type="checkbox"/> No	vii. Hazardous communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	viii. Fall protection/scaffolding
<input type="checkbox"/> Yes <input type="checkbox"/> No	ix. Flagging/Working in/near roads	<input type="checkbox"/> Yes <input type="checkbox"/> No	x. Working over/near water or diving operations
<input type="checkbox"/> Yes <input type="checkbox"/> No	xi. Working with hazardous chemicals/systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	xii. Using forklifts and/or powered aerial platforms
<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Does your company have a written safety plan for work on hazardous chemical processes such as water chlorination, or working with systems that handle hazardous chemicals?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Does your company have documented/current training and/or certification for all subjects listed above in part (d.) and (e.)? If yes, attach a summary of training for all employees expected to perform contracted work.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Does your company have the training, equipment, and personnel to accomplish their work safely without use of on-site Skagit PUD resources?		

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