

# SMALL WORK ROSTER ENROLLMENT APPLICATION

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**Return this application by mail or fax to:**

Columbia Valley Water District  
6229 Azure Way  
Maple Falls, WA 98266

Fax: (360) 599-1854  
Tel: (360) 599-1699  
E-Mail: [admin@cv-wd.com](mailto:admin@cv-wd.com)

**Company Name:** \_\_\_\_\_  
**Owner Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_  
**Office Fax:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_  
**Company Web Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
**Contact Person's Title:** \_\_\_\_\_  
**Contact Person Cell Phone:** \_\_\_\_\_  
**Contact Person Pager:** \_\_\_\_\_

**Business Classification** (specify date established as appropriate):

**You do not need to have a formal government certification to check these boxes (self-designated).**

☐ **Woman Owned**    ☐ **Minority Owned**    ☐ **Federal Disadvantaged Business**  
☐ **Individual:** \_\_\_\_\_  
☐ **Partnership:** \_\_\_\_\_  
☐ **Corporation:** \_\_\_\_\_

**Washington State Contractor License Number:** \_\_\_\_\_

*Note: A State Contractor or Specialty License is a minimum requirement to submit an application.*

**UBI #:** \_\_\_\_\_ **Federal Tax ID or Social Security #:** \_\_\_\_\_  
**L&I License Expiration date (For office use only):** \_\_\_\_\_

**Would you like your company to be included on our "Emergency Response List"?**

**Yes:**\_\_\_\_ **No:**\_\_\_\_ **If yes, Emergency Contact Phone #:** \_\_\_\_\_

## Minimum Requirements

*Minimum qualifications must be met unless specifically waived by the District Manager. The Manager reserves the right to reject at any time, including after an initial inclusion on the Roster, if the applicant is not responsible in the opinion of the Manager.*

- ☐ **Do you have a current valid Contractors license and will you maintain the license while on the Roster?** Yes:\_\_\_ No:\_\_\_
- ☐ **Have you been in business at least two (2) years without interruption?** Yes:\_\_\_ No:\_\_\_
- ☐ **Do you have a strong claims history, strong safety record (below 1.0 on the L&I rating), and strong financial history?** Yes:\_\_\_ No:\_\_\_
- ☐ **Does any employee or official of the Columbia Valley Water District have any financial or other interest in your firm, which you know of?** Yes:\_\_\_ No:\_\_\_

## Insurance & Bonding Requirements

Applicant must have the following minimum insurance coverage and bonding in place before bids can be accepted.

General Liability insurance of at least \$1,000,000.00 per occurrence;  
\$1,000,000.00 aggregate, Combined Single Limit (CSL); and  
Ability to name the Public Agency as an Additional Named Insured  
Ability to obtain a Performance Bond prior to beginning work

Do you currently maintain the minimum required insurance coverage? Yes:\_\_\_ No:\_\_\_

If no, describe any differences to the specified coverage amounts:\_\_\_\_\_

Are there any current claims pending against this insurance policy? Yes:\_\_\_ No:\_\_\_

Is there any reason why you may not be able to obtain a Performance Bond prior to beginning work? Yes:\_\_\_ No:\_\_\_

If yes, explain:

## Contractor Financial History

During the past five years, has the contractor been involved in any:

- Bond Forfeiture Yes:\_\_\_ No:\_\_\_
- Litigation Yes:\_\_\_ No:\_\_\_
- Claims exceeding ten percent of the contract price Yes:\_\_\_ No:\_\_\_

## Contractor Safety Experience

☐ **SOLE PROPRIETOR:** This section will not apply to sole proprietors. Check this box if you are a sole proprietor and skip this section.

List contractor's compensation Experience Modification Rate for the three most recent years. If score is above 1.0, provide explanation. Rates above 1.0 are subject to rejection. **This rate is given to you every year from Labor & Industries. Your company receives a multi-page report each year with these rates indicated. If you don't know this rate, call L&I or check their website at [wws2.wa.gov/lni/crua/cruapr.asp](http://wws2.wa.gov/lni/crua/cruapr.asp).**

2020\_\_\_\_\_ 2021\_\_\_\_\_ 2022\_\_\_\_\_ 2023\_\_\_\_\_

*Please use the most recent year's OSHA log to provide the following:*

- Number of lost workday cases: \_\_\_\_\_
- Number of fatalities: \_\_\_\_\_

Does the contractor conduct project safety inspections? Yes:\_\_\_ No:\_\_\_

Does the contractor have a written Safety Program? Yes:\_\_\_ No:\_\_\_

Does the contractor have a safety orientation program for new hires? Yes:\_\_\_ No:\_\_\_

Does the contractor have a safety program for foreman? Yes:\_\_\_ No:\_\_\_

How frequently do on-site crews hold safety meetings? \_\_\_\_\_

## Contractor History

Provide dates for the periods within the past five years that the contractor:

Has not been an active contractor:\_\_\_\_\_ or N/A:\_\_\_\_\_

Has not been a licensed contractor:\_\_\_\_\_ or N/A:\_\_\_\_\_

Has been in bankruptcy, reorganization or receivership:\_\_\_\_\_ or N/A:\_\_\_\_\_

Has owner been convicted of a felony?\_\_\_\_\_ or N/A:\_\_\_\_\_

Has the company ever been disqualified by any public agency from participation in public contracts. Yes:\_\_\_ No:\_\_\_

If yes, explain:

**List four jobs performed for a public agency. Include private jobs only if needed to fulfill the list.**

**Project Name:** \_\_\_\_\_

Owner's name and phone number: \_\_\_\_\_

Prime contractor (if not your firm): \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Month and year project completed: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Owner's name and phone number: \_\_\_\_\_

Prime contractor (if not your firm): \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Month and year project completed: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Owner's name and phone number: \_\_\_\_\_

Prime contractor (if not your firm): \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Month and year project completed: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Owner's name and phone number: \_\_\_\_\_

Prime contractor (if not your firm): \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Month and year project completed: \_\_\_\_\_

**I swear under penalty of perjury that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest, which are prohibited by law:**

**Authorized Company Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application Approved By:**

X

**Beth Morgan  
District Manager  
Columbia Valley Water District**

**Date**

Applications that are rejected will be discarded.

**The following identifies your company specialties. Mark any and all services you perform. Provide comments if desired.**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Demolition</b></li> <li><input type="checkbox"/> <b>Vegetation</b></li> <li><input type="checkbox"/> <b>Earthwork</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Excavation and Trucking</li> <li><input type="checkbox"/> Excavation</li> <li><input type="checkbox"/> Grading</li> <li><input type="checkbox"/> Erosion Control</li> <li><input type="checkbox"/> Dump Truck Hauling</li> <li><input type="checkbox"/> Horizontal Boring/Drilling</li> <li><input type="checkbox"/> Landslide Repair</li> <li><input type="checkbox"/> Trenchless Pipe Installation</li> <li><input type="checkbox"/> Water Well Drilling</li> <li><input type="checkbox"/> Well Rehabilitation</li> <li><input type="checkbox"/> Pump Service Work</li> <li><input type="checkbox"/> Drilled Shafts</li> </ul> </li> <li><input type="checkbox"/> <b>Roadway Work</b></li> <li><input type="checkbox"/> <b>Water/Treatment</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Location Underground Facilities</li> <li><input type="checkbox"/> Leak Detection Service</li> <li><input type="checkbox"/> Water Main Construction</li> <li><input type="checkbox"/> Fire Hydrant Installation</li> <li><input type="checkbox"/> Water Treatment Systems</li> <li><input type="checkbox"/> Hot Tapping (Water Main Construction)</li> <li><input type="checkbox"/> Hot Tapping (Fire Hydrant Installation)</li> </ul> </li> <li><input type="checkbox"/> <b>Electrical/Telephone</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Electrical Inspection</li> <li><input type="checkbox"/> Electrical Construction</li> <li><input type="checkbox"/> Computer/Telephone Cable Construction</li> <li><input type="checkbox"/> Instrumentation/Control Panels</li> <li><input type="checkbox"/> Low Voltage Electric</li> <li><input type="checkbox"/> UPS System Repair</li> </ul> </li> <li><input type="checkbox"/> <b>Concrete Masonry</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coring/Drilling</li> <li><input type="checkbox"/> Restoration and Cleaning</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Concrete Cutting/Concrete Sacking</b></li> <li><input type="checkbox"/> <b>Masonry Construction</b></li> <li><input type="checkbox"/> <b>Wheelchair Ramps/Grab Rails</b></li> <li><input type="checkbox"/> <b>Site Improvements</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wood, Metallic, Wire Fencing and Gates</li> <li><input type="checkbox"/> Chain Link Fencing and Gates</li> <li><input type="checkbox"/> Operated Equipment Rental</li> </ul> </li> <li><input type="checkbox"/> <b>Mechanical</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Victaulic, Flanged, Mechanical Joint Pipe</li> <li><input type="checkbox"/> Pump Installation</li> <li><input type="checkbox"/> Pipe Sacking</li> <li><input type="checkbox"/> Pump Construction Remodel</li> </ul> </li> <li><input type="checkbox"/> <b>Facility Construction</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Windows and Glazing</li> <li><input type="checkbox"/> General Building Contracting</li> <li><input type="checkbox"/> Hot Tapping (Flow Meter Install)</li> <li><input type="checkbox"/> Water Tank Exterior/Interior Paint and Wash</li> <li><input type="checkbox"/> Rough Carpentry</li> <li><input type="checkbox"/> Finish Carpentry</li> <li><input type="checkbox"/> Insulating</li> <li><input type="checkbox"/> Wallboard Installation</li> <li><input type="checkbox"/> Fire Sprinkling Systems</li> <li><input type="checkbox"/> Floor Covering</li> <li><input type="checkbox"/> Metal Fabrication</li> <li><input type="checkbox"/> Roofing</li> <li><input type="checkbox"/> Painting</li> <li><input type="checkbox"/> Concrete Flatwork</li> <li><input type="checkbox"/> Welding</li> <li><input type="checkbox"/> Water Damage Clean-Up</li> <li><input type="checkbox"/> Hoist and Crane Service</li> <li><input type="checkbox"/> Pest Control</li> <li><input type="checkbox"/> Generators</li> </ul> </li> </ul> |
|--|---|

**Other Comments:** \_\_\_\_\_

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