

SMALL WORKS ROSTER

CONTRACTOR QUALIFICATION FORM

1. Company Name: _____
Uniform Builder's Identifier (UBI): _____
DUNS Number: _____
Federal TIN: _____
Owner Name _____
Business Address: _____

Mailing Address: _____

Phone No.: () _____ Mobile No. () _____
Fax No.: () _____ E-mail: _____
WA Contractor's License No. (SUBMIT A COPY): _____
Expiration Date: _____
Minority Business Status (if applicable): _____
Certification No.: _____

2. Insurance Co.: _____
Contact Name: _____
Address: _____

Phone No.: () _____

NOTE: Contractor must be able to provide as a minimum, the following insurance policy:
Automobile Liability of \$1,000,000 covering all owned, non-owned, hired, and leased vehicles; Commercial General Liability of \$1,000,000 single limit and \$2,000,000 aggregate; and Professional Liability insurance of \$1,000,000.
Failure to provide proof is grounds for disqualification from the roster. SUBMIT A COPY OF YOUR BUSINESS' CERTIFICATE OF LIABILITY INSURANCE.

3. Bonding Co.: _____
Contact Name: _____
Address: _____

Phone No.: () _____
State your bonding capacity: \$ _____

4. As provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987, the contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, sex or national origin in the selection and retention of sub-contractors, including procurement of materials and leases of equipment.

5. Interested Area(s) of Work

Check the appropriate boxes below for the area(s) of work you are interested in performing. Please list equipment type and experience working in sensitive areas (if applicable). For log/ rock haulers, please list years in service and equipment available to move materials.

YES NO **Pile Driving**

Experience:

YES NO **Placement of logjams and other in-stream structures**

Experience:

YES NO **Excavation of ponds and channels**

Experience:

YES NO **Fish Passage at road crossings**

Experience:

YES NO **Collection/ Delivery of Large Wood & Rock Materials**

Experience:

YES NO **Special Services (herbicide application, etc)**

PLEASE LIST YOUR EXPERIENCE WORKING ON SALMON RESTORATION PROJECTS:

6. List Equipment and Rates:

**Contractor
Mandatory Bidder Responsibility**

CONTRACTOR NAME AND SIGNATURE

DATE

CONTRACTOR ADDRESS

PHONE NUMBER

WA STATE DEPT OF LICENSING CONTRACTOR LICENSE REGISTRATION NUMBER

WA STATE UNIFIED BUSINESS IDENTIFIER NUMBER (UBI)

WA STATE LABOR AND INDUSTRIES WORKER COMPENSATION NUMBER

WA STATE EMPLOYMENT SECURITY DEPT NUMBER (UNEMPLOYMENT NUMBER)

Owner Signature

Date

MUST BE SIGNED IN ORDER TO QUALIFY

