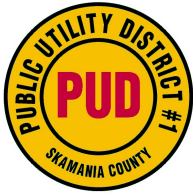


Public Utility District No. 1
of Skamania County

2020 Pre-Qualification Application Packet

Public Utility District No. 1 of Skamania County
PO Box 500/1492 Wind River Rd
Carson, WA 98610



Pre-Qualification Application Checklist

Calendar Year 2020

Applications for Pre-Qualifications are necessary only if a company wishes to bid on work involving construction or improvements of the District's electric system, fiber system, pole treatment and inspection, and/or tree trimming. Contractors seeking designation as a pre-qualified bidder for electrical work with Skamania County PUD shall submit the following Pre-Qualification Application along with the additional information listed below. Pre-qualification of contractors will be in accordance with [RCW 54.04.085](#).

Contractors wishing to be placed on the Small Works Roster to bid on non-electrical public works projects must complete the Small Works Roster Application. The application can be found at <https://www.skamaniapud.com/wp-content/uploads/Small-Works-Roster-Application.pdf> Contractors approved for pre-qualification are automatically placed on the Small Works Roster.

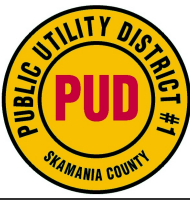
*All invitations to Bid/Quote will be sent via e-mail in PDF format.

LIST OF DOCUMENTS TO SUBMIT FOR PRE-QUALIFICATION:

- Completed application (notary required).
- Letter from bonding company specifying your maximum per project and aggregate bonding capacity in dollars.
- A copy of your certificate of registration in the State of Washington.
- A copy of your last fiscal year's balance sheet.
- A list of recent electric utility clients for references for each classification of work that the application is interested in **and** is qualified to perform (see page 4 for classifications), include name of contact person, company, location, current phone number, and detailed description of project.
- A company history or resume, including a list of supervisory personnel, number and type of craftsmen available and routinely employed, and a list of available equipment.
- A current Certificate of Liability Insurance (COLI) naming Skamania County PUD as an additional insured. The COLI should include the types and amounts of coverage of the applicant.

Please contact Kelly Tennison at (509) 427-5126 or e-mail ktennison@skamaniapud.com with any questions.

SUBMIT APPLICATION PACKET TO:
Public Utility District No. 1 of Skamania County
ATTN: Kelly Tennison
PO Box 500
Carson, WA 98610
OR
E-mail ktennison@skamaniapud.com



2020 Pre-Qualification Application

BUSINESS INFORMATION

Company Name: _____

Mailing Address: _____ City/State/Zip Code: _____

Street Address: _____ City/State/Zip Code: _____

Contact Name: _____

E-mail Address: _____

Phone Number: _____ Year Firm Established: _____

BUSINESS TYPE INFORMATION

Business Type: _____ State of Incorporation: _____

Name of Registered Agent: _____

Address of Registered Agent: _____ City/State/Zip Code: _____

Name of Officer of Corporation: _____

Address of Officer: _____ City/State/Zip Code: _____

Name of Officer of Corporation: _____

Address of Officer: _____ City/State/Zip Code: _____

Length of Service with Corporation: _____ Authorized to sign contract? Yes No

Name of Officer of Corporation: _____

Address of Officer: _____ City/State/Zip Code: _____

Length of Service with Corporation: _____ Authorized to sign contract? Yes No

Is your company a subsidiary? If yes, please enter information regarding the parent company below.

Parent Company Name: _____ Parent Company State of Incorporation: _____

Name of Parent Registered Agent: _____

Address of Parent Registered Agent: _____ City/State/Zip Code: _____

Name of Parent Company Officer of Corporation: _____

Address of Officer: _____ City/State/Zip Code: _____

Length of Service with Corporation: _____ Authorized to sign contract? Yes No

PREQUALIFIED CLASSIFICATIONS for Electrical Work

Insurance requirements may be modified for these classifications in the specification portion of the Public Works Request for Bid. For all non-electrical public works projects work under this application, the current prevailing wage rates for such Work shall be the current and prevailing wage rates.

INSTRUCTIONS: On the following list, check each classification of work that the applicant is interested in and qualified to perform and the years that the applicant has performed work in that classification.

HIGH VOLTAGE DISTRIBUTION-A

Includes 15kV and 25kV, 600 volt secondary, overhead and underground construction, hot work

Number of years performed work:

HIGH VOLTAGE SUBSTATION-B

Includes all phases of 69kV, 115kV and 230kV substation construction and maintenance

Number of years performed work:

STREET LIGHTING-C

Includes installation and maintenance.

Number of years performed work:

POLE TREATMENT AND INSPECTION-D

Number of years performed work:

TREE TRIMMING-E

Includes brush clearing, mowing, pruning, and tree removal along overhead electrical transmission, distribution lines and along fiber optic lines. Proper arboriculture pruning methods are required following ANSI A300 Part 1.

Number of years performed work:

STORM AND EMERGENCY RESPONSE-F

Number of years performed work:

SUBSTATION EQUIPMENT AND PROTECTIVE RELAY TESTING-G

Number of years performed work:

MISCELLANEOUS-H

List any class not covered above:

Number of years performed work:

CLIENT REFERENCES

Provide at least three (3) project owners for whom you have performed work in the classification categories for which application is made in the last two (2) years. Attached additional pages with your application, if necessary.

Classification No. 1: _____

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

Classification No. 2: _____

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

Client Name: _____ Phone: _____ E-mail: _____

Client Address: _____ City/State/Zip Code: _____

Detailed Project Description:

FINANCIAL INFORMATION-financial reference

What is the maximum dollar amount of work (in US dollars), which you are capable of undertaking: _____

Applicant's Bank Name: _____

Bank Address: _____ City/State/Zip Code: _____

Bank Contact Name: _____ Phone Number: _____

Bonding Company Name: _____

Address: _____ City/State/Zip Code: _____

Contact Name: _____ Phone Number: _____

Bonding Capacity Per Job (\$): _____ Bonding Capacity Aggregate (\$): _____

Date of Last Bond: _____ Amount of Last Bond: _____

Number of Years with Current Surety: _____

Has your firm or any affiliated firm ever had your work completed or supported by a surety in the last five (5) years? Yes No

If YES, please explain:

LICENSE INFORMATION

WA State Contractor License Registration No. ([RCW 18.27](#)): _____

WA State L&I Employer Account ID ([RCW 51](#)): _____

WA State Employment Security Account No. ([RCW 50](#)): _____

WA State Unified Business Identifier No. ([RCW 50.12.070](#)): _____

WA State Excise Tax Registration No. ([RCW 82](#)): _____

AFFIRMATION/ACKNOWLEDGEMENT

Affirm that applicant will pay wages and benefits according to the Prevailing Wage laws of Washington State. Yes No

Affirm that applicant will comply with government regulations regarding non-discrimination employment practices and applicant shall also abide by the Drug-Free Workplace Act of 1988. Yes No

Affirm that applicant agrees to perform all work in a safe and efficient manner which complies with all applicable labor and safety laws and regulations. Yes No

Affirm that applicant has not been disqualified from bidding on any public works contracts under RCW [39.06.010](#) or [39.12.065](#). Yes No

Affirm that applicant has completed the contractor training requirements under [RCW 39.04.350](#) and [39.06.020](#). Yes No

Affirm that applicant is a registered contractor under the provisions of [RCW 18.27](#) and has paid all current fees to Washington State. Yes No

Applicant recognizes and agrees that under the provisions of RCW 54.04.080, the District has the right to reconsider or re-evaluate the pre-qualification status of applicant at any time for any reason at the sole judgement of the District's Commissioners. Yes No

AFFIDAVIT OF PREQUALIFIED BIDDER

I, the undersigned, do hereby certify that I am the _____ of _____ a pre-qualified bidder for specific work for Skamania County PUD for the calendar year 2020; that all of the information furnished in this application is true and in full force and effect. I understand that for all public works projects, the current prevailing wage rates for such work shall be the current and prevailing wage rates.

Signature: _____ Date: _____

NOTARY (Required)

STATE OF WASHINGTON

COUNTY OF _____

On this day, I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN under my hand and official seal this _____ day of _____ 20__.

Notary Public in and for the State of Washington,

Residing in _____

My commission expires _____