

Small Works Roster Application
Valley Water District
14515 Pioneer Way East
Puyallup WA 98372

Thank you for the interest expressed by your firm to be included on the Valley Water District Small Works Roster. To determine qualifications of businesses to provide services to the District, please complete the information in this packet and return to the District. Information provided will be kept in confidence unless it is a matter of public record.

Valley Water District is an Affirmative Action/Equal Employment Opportunity Employer.

Prequalification Requirements

- a) Proof of appropriate contractor's Washington State License or Registration;
- b) Proof of availability to provide insurance and performance bond to extend to third party liability up to \$1,000,000.00;
- c) Insurance and performance bond may be required on larger projects;
- d) The contractor's financial standing and responsibilities;
- e) The contractor's experience, organization and technical qualifications necessary to perform proposed contracts;
- f) The contractor's satisfactory record of performance, integrity, judgement, and skills;
- g) The contractor's ability to comply with the required performance schedules taking into consideration its existing business commitments;
- h) The contractor's ready availability to perform work in and for Valley Water District;
- i) Such other information as may be secured concerning the contractor's ability to satisfactorily perform a contract with Valley Water District.

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Company Name _____ Phone _____

Mailing Address _____ City/State _____ Zip _____

Street Address _____ City/State _____ Zip _____

Email Address _____

Minority & Women Owned Business: MBE WBE

Certificate Number _____ Certificate Pending _____

Contractor License Number _____

Washington State Tax Number _____

Type of Ownership: Corporate Single Proprietorship

Insurance Reference:

Insurance Company _____ Phone _____

Address _____ City/State _____ Zip _____

Amount of Liability Coverage _____

******* Please provide Liability Certificates for proof of Liability Insurance. *******

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Please list references of similar projects performed over the past two-(2) years:

1. Company Name _____ Owner _____
Address _____ Phone _____
2. Company Name _____ Owner _____
Address _____ Phone _____
3. Company Name _____ Owner _____
Address _____ Phone _____

Please check box that best describes type of contract your firm qualifies to perform:

- | | |
|---|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Pumps, Motors, & Controls |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Sewage System |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Street Repair |
| <input type="checkbox"/> Paving | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Other (please specify) _____ | |
| _____ | |
| _____ | |
| _____ | |