P.U.D. NO. 1 OF DOUGLAS COUNTY
APPLICATION FOR PREQUALIFICATION
FOR THE 2027 CALENDAR YEAR

Contractors wishing to make application to Public Utility District No. 1 of Douglas County, Washington (the "District") for designation as a prequalified bidder for the construction or improvement of any electrical facility as defined by RCW 54.04.080 and required by RCW 54.04.085, shall complete the following questionnaire and submit it to the District's Purchasing Agent. RCW 54.04.085 requires that one seeking prequalification must submit information required by that statute once a year.

Required Prequalification Information:

1. Applicant Contact Information:

    a. Name of Company: _____
    b. Contact Person: _____
    c. Name to send Bid Documents to:_____
    d. Email to send Bid Documents to: _____
    e. Mailing Address:_____
    f. Business Address: _____
    g. Email Address:_____
    h. Telephone No.:_____
    i. Applicant's Washington State Contractor License No.: _____
    j. Applicant's Washington State UBI No.: _____
    k. Applicant's Federal Tax EIN: _____

2. If applicant is a corporation or a limited liability company, indicate the following:

    a. State of incorporation or certification:_____
    b. Name and address of registered agent:_____

    _____

    c. Names, titles and addresses of officers and their length of time with corporation. Indicate by an * those authorized to sign contacts. (Use additional sheet if necessary.)

    _____

    _____

_____

d. Number of years corporation or limited liability company has been in business:

_____

3. If applicant is a partnership, indicate the following:

   a. Names and addresses of all partners: _____

   _____

   _____

   b. Length of time partnership has been in business: _____

   _____

   _____

   c. If applicant is a sole proprietorship, how long have you been in business?

   _____

4. Has applicant paid all current license fees to the State of Washington?_____

5. For which of the following classes of work is applicant seeking prequalification? (Indicate by use of "X" in proper blank.) For each class, which you mark with an "X," list the years (within the past three years) during which applicant performed work of that type and for whom.

	Seek Qualification	**Years and for Whom**
A. Distribution (5Kv to 35Kv)		
a. Overhead and Underground Construction & Maintenance Including Hot Work	_____	_____
b. Underground Cable and Conduit Plowing	_____	_____
c. Duct and Vault Installation (Could Include Trenching)	_____	_____
d. Boring/Trenchless Cable or Conduit Installation	_____	_____
B. Transmission (>35Kv)		
a. Overhead Construction and Maintenance including Wood, Steel & Concrete Poles, Steel Towers, & all other forms of Construction	_____	_____
C. Substations (All Voltages)		
a. Complete Construction and Installation including Open-Air-Bus and Metal Enclosed Constructions	_____	_____

b. Equipment Testing and Calibration including Relays, Breakers, Battery Systems, and other Electronic Equipment	_____	_____
D. Excavation and Concrete Work		
a. Footings for Transmission and Distribution Support Structures	_____	_____
b. Substation Pads, Oil Containment and Footings for Support Structures	_____	_____
c. Other Concrete Work (Including Required Excavation)	_____	_____
E. Lighting		
a. Installation of Area Lighting and Street Lighting	_____	_____
F. Fiber Optic Cable		
a. Installation – Overhead and Underground, within High Voltage Areas	_____	_____
G. Explosives, including Blasting, Transporting Explosives, and Drilling	_____	_____
H. Power Line Right-of-Way Tree Trimming and Removal	_____	_____
I. Pole Testing and Treating	_____	_____
J. Crane Services	_____	_____
K. Cable Injection and Other Underground Cable Services	_____	_____

6. List any recent changes in applicant's organization, personnel, ownership or otherwise which might render applicant's past record of performance an inaccurate predictor of applicant's ability to perform for the District:

_____

_____

_____

7. State whether applicant has any existing commitments or limitations which will interfere its complying with the required performance schedule of any potential contracts with the District (for applications not submitted for a specific contract enter "No contract at this time"):

_____

_____

_____

8. If applicant has a comprehensive general liability policy insuring its business activities, state the liability limits of that policy (Note: The District requires a minimum general liability limit of $3,000,000 each occurrence and $3,000,000 general aggregate on all contracts):

   _____

   _____

   _____

9. What is the maximum amount of work, expressed in dollars, for which applicant can secure bonding and which applicant is capable of undertaking?

   Per job $_____ Aggregate $_____

10. List the name and address of applicant's bank, including the branch, phone number, and name of bank personnel to be contacted for a financial reference:

    _____

    _____

    _____

11. Provide the name, phone numbers, and addresses of three clients whom the District can contact as references:

    _____

    _____

    _____

12. Industrial Safety Questions

    a. Do you have a written safety program? (If awarded the contract you may be required to submit a copy to the District.) Yes _____ No _____

    b. What is your experience modification factor for the last three years?

    Yr _____ Factor _____ Yr _____ Factor _____ Yr _____ Factor _____

    c. What is your OSHA recordable rate for the last three years (if applicable)? Only companies with 10 or more employees must answer the following:

    Yr _____ Rate _____ Yr _____ Rate _____ Yr _____ Rate _____

    d. If your experience modification factor is 1.5 or above and/or your OSHA recordable rate is 5 or above please attach the steps your company is taking to reduce injury frequency and severity.

13. Affirm that applicant is in good standing with the Washington State Department of Labor & Industries and that the applicant will pay wages and benefits in compliance with all applicable RCWs (39.04 through 39.12 and 49.28), "Prevailing Wages on Public Works," and WACs (296-127) (state "**so affirmed**"): _____

14. Affirm that applicant will comply with any applicable government regulations regarding nondiscrimination in employment practices on the basis of sex, race, color, or national origin (state "**so affirmed**"): _____

15. Affirm that the applicant recognizes that RCW 54.04.085 authorizes the District to reconsider or redetermine the prequalification of applicant at any time or for any reason in the sole judgment of the District (state "**so affirmed**"): _____

THE FOLLOWING ATTACHMENTS MUST ACCOMPANY THIS APPLICATION IN ORDER FOR YOU TO BECOME PREQUALIFIED

1. For those clients listed in answer to question No. 5 above, attach a list which contains their names, addresses, location of the jobs performed, and contract amounts of the larger contracts. Attached _____

2. Attach a copy of your Washington State contractor's license that verifies you are a registered contractor (RCW 18.27) in the State of Washington and a copy of the Washington State UBI certificate. Attached _____

3. Attach applicant's most current audited fiscal year's financial statements with any notes, including the independent auditor's report. Audited financial statements must be within two years of the prequalification year. If financial statements are not available, please contact Lolly Brown, Auditor, at 509-881-2254 or lolly.brown@dcpud.org, for acceptable alternatives. Attached _____

*** * INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED * ***

REQUEST FOR PREQUALIFICATION SUBMITTED this _____day of _____, _____.

_____
Signature of Applicant

_____
Printed Name of Applicant

_____
Title of Applicant

STATE OF _____)
) **ss.**
County of _____)

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they was/were authorized to execute the instrument and acknowledged it as the _____of _____ to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

DATED this _____day of _____, _____.

_____
Signature

_____
Printed Name

NOTARY PUBLIC, State of _____
Residing at _____, _____
City State

My Commission Expires _____