



COMMISSIONERS
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MANAGER
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PRE-QUALIFICATION APPLICATION

November 2022

To: Interested Contractors

Mason PUD 3 is updating its Public Works Roster of Prequalified Contractors. Contractors who wish to be on the 2023 roster must complete the attached Public Works Pre-qualification Application. **The application must be completed and filed each year.**

Please complete the questionnaires and return them by email to purchaser@masonpud3.org, or mail with all required documents to the address below. **Incomplete applications will be returned.**

**Mason County PUD No. 3
Purchasing Department
P.O. Box 2148
Shelton, Washington 98584**

If you have any questions, please call me at (360) 426-8255, ext. 5212 or email purchaser@masonpud3.org.

PLEASE NOTE: PUD 3 exclusively uses the MRSC database for small works projects (under \$350,000).

To be eligible to work on PUD 3 small works projects, you are required to register for FREE at www.mrscrosters.org and select Mason County PUD No. 3 in your account. If you are already a member of MRSC Rosters, select Mason County PUD No. 3 in your account. *You must select Mason County PUD No. 3 or your company may not appear in PUD 3's choices for small works contractors.*

For registration questions, please email MRSC Rosters at mrscrosters@mrsc.org or call 206-436-3798.

Thank you,

A handwritten signature in blue ink that reads "Tina Ward".

Tina Ward
Buyer

cc: Jennifer Renecker, Purchasing Manager

PUBLIC WORKS PRE-QUALIFICATION APPLICATION

MASON COUNTY PUD NO. 3
P. O. BOX 2148
SHELTON, WA 98584
PHONE: 360-426-8255 FAX: 360-539-1152
[e-mail: purchaser@masonpud3.org](mailto:purchaser@masonpud3.org)

Name of Applicant: _____

Contact Person: _____

Address: _____ Mailing Address: _____

E-mail address: _____ Web Site: _____

Phone number: () _____ FAX number: () _____

1. Indicate whether applicant is a:
___ Corporation, ___ Partnership, ___ Limited Liability Company or ___ Individual.
2. State in which corporation is incorporated _____
3. Address of head office of corporation, partnership, limited liability company, or individual:

4. **Attach** list of names and addresses of principal officers of corporation or partnership, their length of time with corporation or partnership, years of experience in this business.
5. Number of years applicant has been in business _____
6. Has applicant operated under different name previously? _____
If yes, list previous name: _____
7. Number of years applicant has performed work for which applicant is bidding _____
8. Number of years applicant has contracted as prime contractor _____
9. Number of years applicant has been bonded _____
10. Name and address of bank, including branch and name of individual in said bank to be contacted for financial reference.

11. Has applicant ever failed to complete any work awarded? _____
If "Yes" note when, where and why:

12. What is the maximum amount of work, expressed in dollars, which you consider you are capable of undertaking? \$ _____

13. For which of the following classes of work are you seeking pre-qualification?

ELECTRICAL DISTRIBUTION:

- a. Hot work - overhead
- b. Overhead construction
- c. Underground - primary
- d. Underground - secondary

ELECTRICAL TRANSMISSION:

- a. Wood pole
- b. Steel tower
- c. Steel or concrete poles
- d. Underground
- e. Stringing & sagging conductor

SUBSTATION:

- a. Complete installation
- b. Control wiring & metering
- c. Maintenance

RADIO, MICROWAVE & TOWER:

- a. Complete installation
- b. Maintenance

FIBER OPTICS/TELECOMMUNICATIONS:

- a. Installation overhead
- b. Maintenance overhead
- c. Installation underground
- d. Maintenance underground

MISCELLANEOUS:

- a. Plowing
- b. Trenching
- c. Pipe pushing and directional boring
- d. Vibra-plow/walk behind trenching
- e. Tree trimming and brushing
- f. Right of way clearing
- g. Wood pole inspection and treatment
- h. Area and street lighting – Installation
- i. Area and street lighting – Maintenance

(List any special class not covered above)

14. **Attach** a copy of registration number that shows applicant is currently a registered contractor under provision of *RCW 18.27*.

Electrical Contractor's License No. _____ Classification: General License No. _____

Or specify account number under which industrial insurance, medical aid, etc., payments are reported: _____

15. **Provide** the following: Unified Business Identifier (UBI) No. _____

Industrial Insurance Account No. _____

Employment Security Department No. _____

State Excise Tax Registration No. _____

Federal Tax Identification No. _____

16. **Attach** certificate of comprehensive automobile and commercial general liability and property damage insurance coverage. The applicant must maintain insurance coverage as specified during contract periods. **Upon award of a contract the insurance certificate must name Mason County Public Utility District No 3 as the certificate as holder and be additionally insured.** Claims made policies are not acceptable under any circumstances.

MINIMUM LIMITS:

Commercial General Liability	General Aggregate	\$ 1,000,000
Occurrence	Products-Comp/Op Agg	\$ 1,000,000
	Personal & Adv injury	\$ 1,000,000
	Each Occurrence	\$ 1,000,000
	Fire Damage (Any one fire)	\$ 100,000
	Medical Exp (Any one person)	\$ 5,000
Automobile Liability	Combined Single Limit	\$ 1,000,000
Any Auto	(Each Accident)	
Scheduled Autos		
Hired Autos		
Workers Compensation &	Each Occurrence	\$ 1,000,000
Employers Liability	Aggregate	\$ 1,000,000

17. **Attach** list of clients served within the last three years with names of projects, locations, amounts and names of architects or engineers.
18. **Attach** letter of bondability from bonding company evidencing its willingness to bond applicant and amount of applicant's bonding capacity.
19. **Attach** a general resume setting forth applicant's experience, technical qualifications and organizational ability to perform the proposed construction. (*Company Resume*)
20. **Attach** a list of your supervisory personnel and their qualifications and years of experience, list the number and type of crafts people available
21. **Attach** a list of equipment available for work showing the age and locations of the equipment.
22. **Attach** Statement of Financial Condition including Contractor's latest regular dated financial statement or balance sheet, which must contain the following items:

Current Assets: (cash, joint venture accounts, accounts receivable, notes receivable, accrued interest on notes, deposits, and materials and prepaid expenses), net fixed assets and other assets.

Current Liabilities: (accounts payable, notes payable, accrued interest on notes, provision for income taxes, advances received from owners, accrued salaries, accrued payroll taxes), other liabilities and capital.

Date of Statement or Balance Sheet _____

Name of firm preparing statement

23. Applicant affirms that he/she will comply with governmental regulations regarding non-discrimination of employment and employment practices on the basis of race, color or national origin or other legally protected classification.
24. Applicant affirms that he/she will pay wages and benefits for craftsmen employed on PUD work which prevail in the locality on the work as determined by the Department of Labor & Industries.
25. **Complete** Contractor's Safety Questionnaire, which is attached hereto and incorporated by this reference.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge and belief.

Signature of Applicant

Print Name of Applicant

Title

Date and Place

CONTRACTOR'S SAFETY QUESTIONNAIRE

1. Please use your last three year's OSHA 300 Log to complete the following information:

	Year 1	Year 2	Year 3	TOTAL
a. Number of non-disabling accidents.				
b. Number of lost workday accidents.				
c. Number of fatalities last year.				
d. Your company's lost time hours last year.				

2. a. Average number of employees in your company last year _____
- b. Highest number of employees at any one time last year _____
- c. Employee man hours worked last year _____
3. Does your company have an Accident Prevention Program/Manual which included an Emergency Action Plan?
 Emergency Action Plan? _____
 If so, is it project or site specific? _____
4. Does your company conduct safety inspections? _____
 If so, how often? _____
5. Does your company have a safety person? _____
 If so, where is this person located, on site or at corporation office? _____
 What percentage of time does this person spend on safety? _____
6. Does your company have a Safety Program? _____
 Does your company have a formal policy concerning safety? _____
 If requested, may we obtain a copy of this? _____
7. Does your company have an orientation program for new hires? _____
8. Do you have a training program for newly hired or promoted foremen? _____
9. Does your company hold tailboard safety meetings (Job Briefings)? _____
 If so, how often are these meetings held? _____
10. Does your company have a written hazard communication program? _____
 Safety Data Sheets (SDS) are available at _____
11. Are your employees trained in first aid and CPR? _____
12. Do you have a written program for blood borne pathogens? _____
13. Do you have a substance abuse program? _____

14. Does your company conduct drug testing? _____

15. Do all employees have valid driver's licenses and CDL's when required? _____

Name of Corporation: _____

Mailing Address: _____

City/State/Zip Code: _____

Individual designated as the point of contact for any questions or concerns related to this Application and Questionnaire:

Authorized Name: _____

Title: _____

Telephone: _____

Email: _____