

**CROSS VALLEY WATER DISTRICT
 CONTRACTORS APPLICATION
 8802 180th St SE
 SNOHOMISH, WA 98296-4804
 TEL: (360) 668-6766 or (425) 485-8461
 FAX: (360) 668-9634**

Project _____

Side Sewer _____

Date: _____

Name of Firm: _____

Phone No: _____

Address: _____

Fax No: _____

City/State/Zip: _____, _____, _____

Alt. Phone No: _____

Name of Owner: _____

Phone No: _____

Owner's Address: _____

Alt. Phone No: _____

City/State/Zip: _____, _____, _____

Emergency No: _____

Alt. Emergency Contact Person: _____

Phone No: _____

~~~~~  
 Number of years the contractor has been engaged in the construction business under the above named firm. \_\_\_\_\_ Contractors Registration Number: \_\_\_\_\_

List five major projects of a similar nature that the above named firm has completed within the last ten years. Provide the Company or Name of project, gross dollar amount, contact names and phone numbers.

1. Job: \_\_\_\_\_ \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Job: \_\_\_\_\_ \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Job: \_\_\_\_\_ \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Job: \_\_\_\_\_ \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Job: \_\_\_\_\_ \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List five major pieces of equipment anticipated for use during this project by the Contractor. Please note which items are owned and which items are leased or rented:

- 1. \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased \_\_\_\_\_
- 2. \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased \_\_\_\_\_
- 3. \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased \_\_\_\_\_
- 4. \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased \_\_\_\_\_
- 5. \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leased \_\_\_\_\_

How many supervisors do you have at this time and how long have they been with the firm? (Attach additional page of necessary.)

Name: \_\_\_\_\_ Title \_\_\_\_\_ Years \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_ Years \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_ Years \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_ Years \_\_\_\_\_

Have you changed bonding companies within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

**REQUIRED:**

- A) Copy of **current** Washington State Contractors Registration
- B) Certificate of Insurance – Minimum Coverage, Cross Valley Water District is to be named as insured and certificate holder. Bodily injury and property damage liability (per person) of \$1,000,000.00 (One Million Dollars).

The undersigned contractor agrees to conduct the installation of side sewers, sanitary sewer mains and/or water mains in accordance with the Cross Valley Water District's Standards & Specification Policies.

**Please Print**

CONTRACTOR (Company Name): \_\_\_\_\_

OWNER/REPRESENTATIVE (Name): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please list names and titles of all personnel authorized to sign side sewer applications and other supporting documents.

| Name: | Title: | Name: | Title: |
|-------|--------|-------|--------|
| _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  |