

SMALL WORKS ROSTER APPLICATION

E-MAIL COMPLETED APPLICATION TO:
PRICE@SKAGITPUD.ORG
CATHERINE PRICE, CONTRACT COORDINATOR
PUD NO. 1 OF SKAGIT COUNTY

1. Name of Contractor or Service Provider:
2. Contact Information:
 - a. Name:
 - b. Mailing Address:
 - c. Physical Address:
 - d. Phone Number: Email:
3. Please indicate if you are certified by OMWBE as any of the definitions below:
women and minority-owned business as described in RCW 39.19.030(7)(b)
veteran-owned business as defined in RCW 43.60A.010, or
small business as defined in RCW 39.04.010
4. Contractors are required to keep current records of the following on file with the appropriate agency as a condition of being placed on a roster: Licenses, Certifications, Registrations, Bonding, Insurance, and other as appropriate for Contractor’s work category.
5. Federal Tax ID #: Unified Business Identifier:
6. Washington State Contractor’s License Number:
7. Complete Attachment A, identifying work categories for which you are seeking qualification.
8. Number of years applicant has performed the type of work for which applicant is bidding:
9. Complete Attachment B, list clients for which work has been performed over the last three years including their names, addresses, phone numbers and location of jobs.
10. Complete Attachment C setting forth applicant’s technical qualifications and organizational ability to perform each type of work for which you are seeking qualification. This résumé shall also include a list of your supervisory personnel and their qualifications and years of experience, a list of the number and type of craftsmen available and a list of equipment available for work.
11. Complete Attachment D setting forth applicant’s compliance with WISHA core safety and health rules; and establishing the applicant’s safety and health performance.
12. Complete Attachment E verifying compliance with bidder criteria requirements of RCW 39.04.350.
13. The Contractor or Service Provider is required to pay prevailing wages in accordance with RCW 39.12 and RCW 54.04.090 and submit intent and affidavit forms to Skagit PUD accordingly.
14. By signing this application, I certify that all work performed for the PUD under any Small Works Contract shall comply with WSDOT/APWA 2025, or current, Standard Specifications for Road, Bridge and Municipal Construction or as amended by the specific Contract.
15. By signing this application, I agree to be able to receive notifications and other communications via the email provided above.

Signature

<hr/>	<hr/>	<hr/>
Printed Name	Title	Date
<hr/>	<hr/>	<hr/>
Catherine Price	Contract Coordinator Title	Date

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

**SMALL WORKS ROSTER
QUALIFICATION CATEGORIES
[ATTACHMENT A]**

I. WATER FACILITY CONSTRUCTION

A. INSTALLATION

- 1. Concrete Cylinder Pipe.....
- 2. Ductile Iron Pipe.....
- 3. PVC Pipe.....
- 4. HDPE Pipe.....
- 5. Welded Steel Pipe.....
- 6. Meters.....

B. REPAIR

- 1. Concrete Cylinder Pipe.....
- 2. Ductile Iron Pipe.....
- 3. PVC Pipe.....
- 4. HDPE Pipe.....
- 5. Welded Steel Pipe.....
- 6. Meters.....

C. PUMPING STATION

- 1. Complete Installation.....
- 2. Control Wiring and Metering.....
- 3. Maintenance.....

D. RESERVOIR STORAGE

- 1. Installation.....
- 2. Maintenance.....
- 3. Cleaning Painting.....

E. CLEARING AND GRUBBING

- 1. Yes.....

F. WATER TREATMENT FACILITY

- 1. Mechanical/Hydraulic Equipment.....
- 2. Electrical Equipment.....
- 3. Control Equipment.....
- 4. Plant Subsystems.....

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

**SMALL WORKS ROSTER
QUALIFICATION CATEGORIES
[ATTACHMENT A]**

II. BUILDING AND MAINTENANCE CONSTRUCTION OR IMPROVEMENT WORK

A. GENERAL BUILDING

- 1. General Contractors.....
- 2. Remodel/Carpentry.....
- 3. Roofing Repair.....
- 4. Small Projects, Maintenance/Repair.....
- 5. Carpet, linoleum, wall covering installation.....
- 6. Doors, windows, overhead doors.....
- 7. Painting.....

B. ELECTRICAL

- 1. Construction.....
- 2. Maintenance.....

C. HVAC (HEATING, VENTILATION, AIR CONDITIONING)

- 1. Construction.....
- 2. Maintenance.....

D. PLUMBING

- 1. Construction.....
- 2. Maintenance.....

PUBLIC UTILITY DISTRICT No.1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER
3-YEAR HISTORY OF WORK [ATTACHMENT B]
(attach additional pages if needed)

EXAMPLE:

Name/Location of Project:Line extension, Sedro-Woolley Nature and Scope of Work:Install 3,200 LF 8”
DIP and 15 services along Cook Road

Total Price:\$185,000 Completion Date:08/15/16 Owner:J.C. Jacobs, Inc
Owner's Rep:Robert P. Jacobs Phone: (206) 856-9902

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

Name/Location of Project:_____ Nature and Scope of Work:_____

Total Price: \$ _____ Completion Date: _____ Owner: _____

Owner's Rep: _____ Phone: _____

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER GENERAL
RESUME [ATTACHMENT C]

Work Category: _____

A. Technical Qualifications of the Firm (Number of years in business, license number, level of experience in this category, professional associations, etc.):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

B. Supervisory Personnel (name, qualifications, years of experience):

- a. _____
- b. _____
- c. _____
- d. _____

C. Workforce of the Firm: Trade (Carpenters, Operators, etc) ___ Number usually employed

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

D. Equipment Assets of the Firm (Trucks, Backhoes, Loaders, etc):

	Manufacturer/Model	Condition	Quantity
a.	_____		
b.	_____		
c.	_____		
d.	_____		
e.	_____		

NOTE: Additional pages, or a company brochure that provides all the above information, may be attached to this page.

PUBLIC UTILITY DISTRICT No. 1 of SKAGIT COUNTY, WASHINGTON

SMALL WORKS ROSTER
SAFETY & HEALTH PERFORMANCE
[ATTACHMENT D]

A. Experience Modification Rate (EMR). If EMR data is unavailable, contractor must explain.

Current Year	Last Year	Year Before Last

B. Core Safety and Health Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	a. Does your company have a written accident prevention plan (APP) that complies with WAC 296-800-140? <u>If yes, attach copy of APP table of contents.</u> If no, explain reason for not having a written APP.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Does your company have 10 or more employees? If yes, we may request OSHA 300 and 300A for past 3 years.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Has your company had “serious” classified WISHA, OSHA or state-OSHA violations or citations in the last 5 years? If yes, we may request a description and related information.		
Yes No	d. Does your company have a written safety plan (either as part of overall APP or stand-alone plan) for the following subjects?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Emergency action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	ii. PPE use and assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	iii. Respiratory protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	iv. Confined space entry
<input type="checkbox"/> Yes <input type="checkbox"/> No	v. Lockout/Tagout	<input type="checkbox"/> Yes <input type="checkbox"/> No	vi. Hearing conservation
<input type="checkbox"/> Yes <input type="checkbox"/> No	vii. Hazardous communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	viii. Fall protection/scaffolding
<input type="checkbox"/> Yes <input type="checkbox"/> No	ix. Flagging/Working in/near roads	<input type="checkbox"/> Yes <input type="checkbox"/> No	x. Working over/near water or diving operations
<input type="checkbox"/> Yes <input type="checkbox"/> No	xi. Working with hazardous chemicals/systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	xii. Using forklifts and/or powered aerial platforms
<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Does your company have a written safety plan for work on hazardous chemical processes such as water chlorination, or working with systems that handle hazardous chemicals?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Does your company have documented/current training and/or certification for all subjects listed above in part (d.) and (e.)? If yes, we may request a summary of training for all employees expected to perform contracted work.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Does your company have the training, equipment, and personnel to accomplish their work safely without use of on-site Skagit PUD resources?		

SMALL WORKS ROSTER
[ATTACHMENT E]

Certification of Compliance with Wage Payment Statutes

The bidder hereby certifies that, within the three-year period immediately preceding the bid solicitation date of November 7, 2025, the bidder is not a “willful” violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Bidder

Signature of Authorized Official*

Printed Name

Title

Date

City

State

Check One:

Individual Partnership Joint Venture Corporation

State of Incorporation, or if not a corporation, State where business entity was formed:

If a co-partnership, give firm name under which business is transacted:

** If a corporation, proposal must be executed in the corporate name by the president or vice-president (or any other corporate officer accompanied by evidence of authority to sign). If a co-partnership, proposal must be executed by a partner.*