

For Office Use Only:

Date Received:

APPLICATION FOR PREQUALIFICATION TO PROVIDE RESIDENTIAL SEPTIC SYSTEM REPAIR SERVICES RFQ #2024-RSSRS-01

COMPANY INFORMATION

Company Name					
Owner/Manager				# of Employees	
Email Address					
Primary Phone Number		Additional Phone Number			
Mailing Address					
Federal Employer Identification Number (FEIN)					
Construction Contractors Board (CCB) License Number with Expiration Date					
Oregon Department of Environmental Quality (DEQ) License Number and Type with Expiration Dete					
Licensed Employees	Oregon DEQ Num	ber and Type	Exp.	Date	
Oregon DBE/MBE/WBE/ESB/SDVBE Certification & Type					

COMPANY EXPERIENCE

In the last two years approximately how many of the following types of systems have you installed:				
Tank Replacement only				
Standard				
Capping Fill				
ATT				
Pressure Bed				
Sand Filter				
Drainfield modification only				
Other (specify)				

EXPERIENCE IN CLACKAMAS COUNTY

How many projects typically completed each year in	
Clackamas County?	
How many corrections are typically required prior to being	0-1
issued a permit?	□ 2-3
	More than 3
How many inspections does a typical project take to get a	□ 1-2
CSC?	More than 2
How many projects in the last year needed more	
than two inspections?	

REFERENCES

Provide six (6) references for projects you have completed in the last two years. Include the client's name, permit number, type of work performed, dates of work, client contact and phone number. If there are not 6 completed projects, please provide a brief explanation.

INSURANCE COVERAGE

CSWCD insurance requirements:				
• <u>Commercial General Liability insurance</u> with a combined single limit, or the equivalent,				
of not less than \$1,000,000 for each occurrence for Bodily Injury and Property Damage				
and not less than \$2,000,000 in the aggregate.				
• <u>Automotive Liability insurance</u> with a combined single limit, or the equivalent, or not less				
than \$500,000 each accident for Bodily Injury and Property Damage, including coverage				
for owned, hired, or non-hired vehicles, as applicable.				
Oregon Law requires subject employers to provide worker's compensation coverage for				
their employees.				
PERFORMANCE WARRANTY. Do you warrant that the work you provide for CSWCD's				
Residential Septic System Repair and Replacement Program will be performed in a good and				
workmanlike manner, consistent with the standard of performance generally applicable to other				
professionals providing similar services in Clackamas County?				
□ Yes				
□ No				
List your insurance company, insurance agent, phone, email.				
List Coverage Types and Dollar Limits				
Attach insurance certificates or email to hnielsen@conservationdistrict.org				

SIGNATURE

Signature of Authorized Representative

Date

Name and Title of Authorized Representative

Applications must be received by Friday, May 31, 2024 at 4:00 pm.