

CLEARWATER COUNTY CONTRACTOR APPLICATION

This form is to be used to provide various Contracted services.

Part 1 -- General Information

1.1 Business Information

Business Name		Federal ID#	
Address		MN Tax ID #	
City			
State		Zip	
Employees:	# FULL TIME EQUIVALENT employees listed on your Annual Payroll:		
	If doing business as an <u>INDIVIDUAL</u> : PRINT First MI Last Name and date of birth.		

1.2 Business Contacts

Primary Contact:		Alternate Contact:	
Office Phone		Office Phone	
Fax		Fax	
Cellular		Cellular	
Shop Phone		Shop Phone	
Home Phone		Home Phone	
E-mail		E-mail	

1.3 Contractor Services

Describe services provided by your company (check all that apply) Append relevant descriptive information as appropriate.

	Timber Harvest		Tree Planting		Structure Demolition
	Precommercial Thinning		Fertilizer Application		Chemical Application
	Earth Work		Site Preparation		Road Maint/Construction
	Pest Management		Forest Inventory (Cruising)		Gravel Hauling/Extraction
	Other services (or comments):				

Part 2 -- Capability and Experience

2.1 Experience

To evidence your record of offering certain types of contracted work, **you may be required** to: provide details of clients and services which were provided, over what time period, the scope of the work (number of contracts, acreage treated, etc.), and references that can describe your work and performance. Append additional pages, materials, or other information as necessary, to include client, location, services, duration, scope and type of activity.

2.2 Resources available

Briefly describe resources (crews, equipment, facilities, etc.) that are used in the work.

Part 3 -- Credentials and Qualifications

3.1 Licenses and Permits

Contractor will **supply, when requested** relevant to the services provided, a separate list describing licenses and permits which are required to perform that service

3.2 Certificates and Accreditations

Contractor **will supply, when requested** relevant to the services provided, a separate list describing certifications, registrations, accreditations or other credentials held by the company or its employees related to the services provided.

3.3 Industry or Professional Affiliations

Use the form below or append a separate list describing the industry or professional associations of which your company is a member.

Industry Association	Membership Type

Part 4 -- Migrant and Seasonal Workers (Where Applicable and only where requested)

4.1 Required Documentation

You may be requested, at the time contract is signed, to supply: Crew roster(s); Work condition disclosure statement provided to workers (in Spanish); Signed statement from contractor that the work condition disclosure statement has been given to all workers.; Copy of Contractor's Certificate of Registration; MSPA Housing Inspection Certificate (required only if contractor is providing housing); Copies of drivers licenses for all drivers of vehicles transporting workers; Copy of certificate of vehicle inspection required by DOL for all vehicles transporting workers; Copy of Certificate of Insurance.

PART 5 -- OTHER QUALIFICATIONS (Per MN Statutes: 90.145(1))

5.1 Safety , Insurance

The Purchaser, purchasers agents, employees, subcontractors, and assigns will:

---Comply with General Safety standards.

---Comply with mandatory insurance requirements of MN Statutes 175 (Workers Compensation Laws).

---Comply with Clearwater County Insurance requirements. **Must have General and vehicle liability coverage.** You may be required to submit Certificate of Insurance prior to start of activity. [Ins. waiver may be granted due to size and scope of contract.

5.2 Logger Education Training Prior to Timber Harvest, Purchaser must certify that he/she, their foreperson or other designated employee has completed MLEP, FISTA, or other related training, or, has such training scheduled [give time frame below].

NAME	Date	Type of Training

5.3 Timber Harvest Bidding

In addition to **REGULAR** Auction Bidding; (check if yes)

_____ Yes, I wish to Bid on **INTERMEDIATE** Auction and I certify that I understand Intermediate Auction bidding restrictions [see Auction Regulations] and am a qualified bidder.

Part 6. -- Annual COMPLIANCE

I Certify that I (we) understand and acknowledge that it is my responsibility to know, understand, and comply with Clearwater County Contractor requirements and Timber Sale Policy and Bidder requirements (when seeking Timber purchase) and all prescribed regulations. I also understand that violation of eligibility will result in a penalty, loss of certain rights to timber purchased and loss of future bidding/ contracting eligibility. When bidding on timber auctions, bidding will be done in accordance with all Clearwater County regulations which include making payment of all outstanding overruns prior to bidding and NOT be in any default status with another County or the State.

I will notify Clearwater County immediately upon change of information or status.

SIGNATURE: _____ DATE: _____
 Owner/Authorized Representative

Please return this signed and Completed to:
 Clearwater County Land and Forestry
 213 Main Ave
 Bagley, MN 56621

(P)218-694-6227
 (F)218-694-3223

[OPERATOR NUMBER (County Office Use Only): _____; effective for year _____]