

OFFICE OF THE GRATIOT COUNTY DRAIN COMMISSIONER



Bernard J. Barnes

904 E. Center St., Ithaca, MI 48847

Phone: (989) 875-5207

Email: bbarnes@gratiotmi.com

CONTRACTOR PRE-QUALIFICATION APPLICATION

CONTRACTOR/COMPANY INFORMATION

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____ CONTACT CELL #: _____

FAX: _____ EMAIL: _____

ORGANIZATION TYPE: Corporation Partnership LLC/LLP Individual

STATE OF ORGANIZATION: _____ YEARS BUSINESS HAS BEEN ORGANIZED: _____

COMPANY'S BONDING LIMITS:

PER PROJECT: _____

AGGREGATE: _____

NAME OF BONDING AGENT: _____

PLEASE ATTACH THE FOLLOWING:

- Confirmation that you are a current vendor with _____ County
- Completed W9 (N/A if already vendor with County)
- Certificate of liability insurance showing type and current coverage amounts
- Proof of workers compensation insurance or exemption

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EQUIPMENT OWNED:

Please check the pieces of equipment in each category that you own:

- | | |
|--|--|
| <input type="checkbox"/> Mini Excavator (Under 12k #) | <input type="checkbox"/> Lead Dump Trailer |
| <input type="checkbox"/> Medium Excavator (12k to 30k#) | <input type="checkbox"/> Single Axle Dump Truck |
| <input type="checkbox"/> Large Excavator (Over 30k #) | <input type="checkbox"/> Tandem/Tri-axle Dump Truck |
| <input type="checkbox"/> Long Reach Excavator | <input type="checkbox"/> Equipment Tag Trailer |
| <input type="checkbox"/> Excavator Mounted Brush Mower (Mini/Med. Excavator) | <input type="checkbox"/> Gravel Train |
| <input type="checkbox"/> Excavator Mounted Brush Mower (Large Excavator) | <input type="checkbox"/> Field Tile Trencher |
| <input type="checkbox"/> Dragline (Under 3/4 yard) | <input type="checkbox"/> Trench Box |
| <input type="checkbox"/> Dragline (3/4 yard or larger) | <input type="checkbox"/> Straw Mulcher |
| <input type="checkbox"/> Tractor Backhoe | <input type="checkbox"/> Dewatering Pumps (larger than 3") |
| <input type="checkbox"/> Skid Steer Loader | <input type="checkbox"/> Dewatering Well Points |
| <input type="checkbox"/> Rubber Tired Loader | <input type="checkbox"/> Wood Chipper |
| <input type="checkbox"/> Farm Tractor/Landscape Tractor | <input type="checkbox"/> Sewer Vacuum |
| <input type="checkbox"/> Dozer | <input type="checkbox"/> Hydro-seeder |
| <input type="checkbox"/> Semi-tractor/Lowboy | <input type="checkbox"/> Steel Sheet Piling (Over 10') |

Additional equipment you currently own that is not listed above:

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REFERENCES/CREDENTIALS:

Please list the county drain commissioners you are currently working for, or have worked for in the past 3 years, and contact person:

Please list other municipalities/references you are currently working for, or have worked for in the past 3 years, and contact person:

Please list any pre-qualifications you have, if any (i.e. MDOT, City of _____)

Has your company ever failed to complete any work awarded to you?_____ If so, where and why? (Attach a letter if needed)

Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract?_If so, state name of individual, other organization, and reason for not completing contract (Attach a letter if needed)

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DRAIN CONSRUCTION ABILITIES:

Please check the type of work your company has the equipment, manpower, and experience to complete:

Enclosed Drain

- Storm Sewer, up to 5' deep
- Storm sewer, 5' to 10' deep
- Storm sewer, deeper than 10'
- Maximum diameter of pipe capable of installing
- Sewer Televising
- Sewer Jetting, Hydro Excavation

Open Drain

- Open Drain Cleanout
- Licensed herbicide contractor
- Woody Debris Management
- Brush Mowing
- ROW/Easement Clearing
- Landscaping/Restoration Work

List other areas of experience you believe would be applicable to drain maintenance:

I, the undersigned, in applying to be placed on the Pre-Qualified Contractor's List for non-petitioned maintenance, certify and attest that the above provided information is, to the best of my knowledge, true and accurate.

Applicant Signature: _____ Date: _____