

CONTRACTOR APPLICATION FORM

Please complete all sections of this application. Append additional pages, materials, or other information as necessary.

Part 1 General Information

1.1 Business Information

Business Name			Federal ID#
Address			
City			
State		Zip	

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 Insurance Coverage

<i>Type</i>	Coverage Limits	Carrier and Agent	<i>Expiration Date</i>
Workers Compensation			
General Liability			
Vehicle Liability			
Other			

Attach copies of the Copy of Certificate of Insurance. If these documents are not available at the time this application is completed, they will be required at the time any contract is signed.

1.4 Contractor Services

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

<input type="checkbox"/>	Site Preparation	<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Cone Picking
<input type="checkbox"/>	Pre-commercial Thinning	<input type="checkbox"/>	Fertilizer Application	<input type="checkbox"/>	Chemical Application
<input type="checkbox"/>	Surveying	<input type="checkbox"/>	Forest Inventory (Cruising)	<input type="checkbox"/>	Timber Marking
<input type="checkbox"/>	Pest Management	<input type="checkbox"/>	Line Marking	<input type="checkbox"/>	Gravel Hauling
<input type="checkbox"/>	Timber Harvest	<input type="checkbox"/>	Trucking	<input type="checkbox"/>	Gravel Extraction
<input type="checkbox"/>	Road Construction	<input type="checkbox"/>	Road Maintenance	<input type="checkbox"/>	Trail Grooming
<input type="checkbox"/>	Demolition (Buildings)	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Beaver Control
<input type="checkbox"/>	Bud Capping	<input type="checkbox"/>	Culvert Repair	<input type="checkbox"/>	Gate Installation
<input type="checkbox"/>	Other services:				

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Part 2 -- Capability and Experience

2.1 Resources available

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

2.2 Experience

Use the form below to describe significant contract services provided in the past 5 years. Please provide detail on clients and locations, what services were provided (from list in Part 1 above) 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.

Client:	Location:
Services:	Duration:
Scope:	
Reference(s) and phone number(s):	
Client:	Location:
Services:	Duration:
Scope:	
Reference(s) and phone number(s):	
Client:	Location:
Services:	Duration:
Scope:	
Reference(s) and phone number(s):	

Part 3 -- Credentials and Qualifications

3.1 Licenses and Permits

Use the form below or append a separate list describing licenses and permits relevant to the services your company provides. If the permit/license is held by an employee please provide the names of the employee(s).

License / Permit:	
Issued To:	Issued By:
License #	Expiration Date
License / Permit:	
Issued To:	Issued By:

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License #

Expiration Date

3.2 Certificates and Accreditations

Use the form below or append a separate list describing certifications, registrations, accreditations or other credentials held by the company or its employees related to the services provided. If the certificate or accreditation is held by an employee please provide the names of the employee(s). Append copies of the certificates/accreditations to this application or indicate where records are located and may be audited.

Certificate Description:	
Issued To:	Issued By:
Certificate #	Expiration Date
Certificate Description:	
Issued To:	Issued By:
Certificate #	Expiration Date

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 -- Logger Education Training

4.1 Use the form below or append a separate list describing the types and dates of logger education training received by the main business owner, supervisory employees and other employees.

Name	Date	Type of Training

Part 5 -- Migrant and Seasonal Workers (Where Applicable) Required Documentation

Attach copies of the following documents. If these documents are not available at the time this application is completed, they will be required at the time any contract is signed.

- 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

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- Copy of **certificate of vehicle inspection** required by DOL for all vehicles transporting workers
- Copy of **Certificate of Insurance**
 - For each vehicle used to transport workers, automobile liability minimum \$100,000 per seat to a maximum of \$5,000,000, plus minimum \$50,000 property damage
 - Automobile liability for other vehicles minimum \$500,000 combined single limit.
 - Comprehensive public liability minimum \$1,000,000 combined single limit
 - Copy of Worker's Compensation insurance certificate, minimum \$500,000

Part 6 -- Environmental and Safety Performance

6.1 Environmental Performance

- 6.1.1 Describe programs, procedures, and/or plans to ensure compliance with laws and regulations and Voluntary Site Level Guidelines.
- 6.1.2 Describe employee participation in internal or external environmental or forest management training programs. Use the attached form or append information on your form(s).
- 6.1.3 Has your company ever been responsible for an environmental incident that has resulted in damage to the environment; or been convicted of an environmental offense? Briefly describe all incidents.

6.2 Safety Performance

- 6.2.1 Describe employee participation in internal or external safety training programs. Use the attached form or append information on your form(s).
- 6.2.2 What was your company's OSHA Incident Rate for the past 3 years?