



WAYNE COUNTY DRAIN COMMISSIONER

400 Monroe, Suite 400

Detroit, Michigan 48226

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:

- Completed IRS Form W-9 (Rev. October 2018) (N/A if already vendor with County)
- Certificate of liability insurance showing type and current coverage amounts

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 ¾ yard) | <input type="checkbox"/> Trench Box |
| <input type="checkbox"/> Dragline (¾ 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:

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:

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

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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)

DRAIN CONSRUCTION ABILITIES:

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

- | | |
|---|--|
| <u>Enclosed Drain</u> | <u>Open Drain</u> |
| <input type="checkbox"/> Storm Sewer, up to 5' deep | <input type="checkbox"/> Open Drain Cleanout |
| <input type="checkbox"/> Storm sewer, 5' to 10' deep | <input type="checkbox"/> Licensed herbicide contractor |
| <input type="checkbox"/> Storm sewer, deeper than 10' | <input type="checkbox"/> Woody Debris Management |
| <input type="checkbox"/> Maximum diameter of pipe capable of installing | <input type="checkbox"/> Brush Mowing |
| <input type="checkbox"/> Sewer Televising | <input type="checkbox"/> ROW/Easement Clearing |
| <input type="checkbox"/> Sewer Jetting, Hydro Excavation | <input type="checkbox"/> 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: _____