

**MOUNTAIN UNION ELEMENTARY SCHOOL DISTRICT  
INFORMAL BIDDING - CONTRACTOR APPLICATION FORM**

**Instructions:** Mountain Union Elementary School District (“MUESD”) has adopted the California Uniform Public Construction Cost Accounting Act, (Public Contract Code Section 22000 et seq.). This Act is commonly referred to as “The Informal Bidding Act”. In accordance with the Act, MUESD will maintain a list of qualified contractors who will be asked to informally bid on any public works project valued between \$60,000 and \$200,000 that pertains to their area of expertise. In order to be included on the list, you must fully complete this application and return it by mail or email to the address below:

Attn: Malinda Martin  
Mountain Union Elementary School District  
30365 Highway 299 East/P.O. Box 368  
Montgomery Creek, CA 96065

Phone: 530-337-6214  
Email: mmartin@muesd.org

**\*Note: Contractor will remain on the qualified contractors list for two (2) years from application date. After 2 years, contractor must submit an updated application to be re-activated on the list.**

**1. Contractor Information:**

1.1. Company Name: \_\_\_\_\_

1.2. Address (physical office/shop location):

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

1.3. Mailing Address (if different than address above):

Street Address or PO Box: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

1.4. Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

1.5. Web Address: \_\_\_\_\_

1.6. Federal Tax ID No.: \_\_\_\_\_

1.7. DIR Registration Number \_\_\_\_\_

1.8. Contractor’s principal contacts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

1.9 Length of time firm has been in business \_\_\_\_\_ years

2. **Contractor Licenses:** List all your current licenses by classification below. If you need additional space, provide an attachment.

Trade Category	Classification #	License #

3. **Non-Contractor Licenses:** If you are not a construction contractor, provide type of business and business license number.

Type of Business	Business License #

4. **References:**

Material Suppliers			
Supplier Name	Address	Telephone No.	Contact Name

Public Agency Owners (K-12 school districts preferred)			
Owner Name	Address	Telephone No.	Contact Name

5. **Bonding:**

*It is a requirement of MUESD that all contractors working on District projects be bonded:*

**Does your company have the ability to be bonded in excess of \$25,000?**

Yes  No

*Note: A response of No in this category is grounds for automatic disqualification.*

**6. Bonds and Insurance Information:**

6.1. Surety.

Surety Company: \_\_\_\_\_

Surety Contact: \_\_\_\_\_

Surety Address: \_\_\_\_\_

Surety Telephone No.: ( ) \_\_\_\_\_

Surety Fax No.: ( ) \_\_\_\_\_

6.2. Surety Broker.

Brokerage Company: \_\_\_\_\_

Broker Contact: \_\_\_\_\_

Broker Address: \_\_\_\_\_

Broker Telephone No.: ( ) \_\_\_\_\_

Broker Fax No.: ( ) \_\_\_\_\_

6.3. Commercial General Liability Insurance.

Insurer: \_\_\_\_\_

Current Policy No.: \_\_\_\_\_

General Liability Insurance Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

Fax No.: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

6.4. Workers' Compensation Insurance.

Insurer: \_\_\_\_\_

Current Workers' Compensation Insurance Policy No.: \_\_\_\_\_

Workers' Compensation Insurance Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

Fax No.: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

**7. Qualification Questionnaire:**

7.1. Essential Requirements. A Contractor will not be deemed qualified to participate in the Informal Bid Process if the answers to any of questions 7.1.1 through 7.1.3 is “no.”

7.1.1. Contractor possesses a valid and currently in good standing California Contractors’ license for the trade categories listed in Paragraph 2 above.

Yes  No

7.1.2. Contractor maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 aggregate.

Yes  No

7.1.3. Contractor has a current workers’ compensation insurance policy as required by the Labor Code or is legally self-insured pursuant to Labor Code § 3700.

Yes  No

7.1.4  Contractor is exempt from this requirement, because it has no employees.

**9. Accuracy and Authority:**

The undersigned declares and certifies that he/she is duly authorized to execute this Informal Bidding Qualification Application under penalty of perjury on behalf of the above-identified Contractor. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Informal Bidding Qualification Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Informal Bidding Qualification Application.

The undersigned declares and certifies that the responses to this Informal Bidding Qualification Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The above-identified Contractor acknowledge and agree that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Contractor will not be deemed qualified to participate in the District’s Informal Bidding procedures.

Executed this \_\_\_ day of \_\_\_\_\_ 20\_\_\_ at \_\_\_\_\_  
(City and State)

I declare under penalty of perjury under California law that the foregoing is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or printed name)