

ANNUAL PRE-QUALIFICATION FORM  
 INFORMAL BIDDING; UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING PROCEDURES  
 Public contract Code §22030 et seq.  
 (Project Value Between \$60,000 and \$200,000)

**1. Insert below the name and complete address, including zip code, to which a Notice To Contractors or Proposal should be mailed:**

Legal Name of Contractor of Vendor:	
Name of Requestor:	
Address:	
City/State/Zip Code	

**2. Insert below the telephone and facsimile numbers at which the Contractor may be reached, as well as email address and web address, if applicable.**

Telephone:	
Fax:	
Email:	
Web Address:	

**3. The Class of Contractor's License(s) held and Contractor License Number(s) are to be provided on the following page.**

**4. The type(s) of work in which the Contractor is interested and currently licensed to perform are to be indicated on the following page.**

**5. Additional Information:**

DIR Number	
Taxpayer Identification Number	
Social Security Number OR	
Employer Identification Number	

**6. Essential Qualifications:** An applicant will not be pre-qualified if the response to any of the following essential results in a “Not Qualified” designation.

6.1 The Applicant possesses a valid and currently in good standing California Contractors’ license for the trade category(ies) for which the Applicant requests pre-qualification.

Yes             No (Not Qualified)

6.2 The Applicant is a DIR registered contractor.

Yes             No (Not Qualified)

6.3 The Applicant maintains a commercial general liability insurance policy with a coverage amount of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

Yes             No (Not Qualified)

6.4 The Applicant 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 (Not Qualified)  
 Applicant is exempt from this requirement because it has no employees.

6.5 The Applicant requests pre-qualification for asbestos-related work and the Applicant possesses a current and in good standing ASB-Asbestos Certification issued by the California Contractors’ State License Board

Yes             No (Not Qualified)             Not Applicable

6.6 The Applicant requests pre-qualification for hazardous substance removal and the Applicant possesses a current and in good standing HAZ-Hazardous Substance Removal Certification issued by the California Contractors’ License Board.

Yes             No (Not Qualified)  
 Applicant is exempt from this requirement because it has no employees.

6.7 The Applicant has bonding capacity of at least \$200,000 per project and \$1,000,000 in the aggregate for all projects.

Yes             No (Not Qualified)

**Contractor: List all current license and classes descriptions**

**NOTE:** You must have a current and active contractors' license. Example:

C20

CA123456

Warm Air Htng, Ventilation and A/C

CLASS	LICENSE NUMBER	DESCRIPTION

- |  |  |
|--|--|
| <p><input type="checkbox"/> Agriculture (specify): _____</p> <p><input type="checkbox"/> Appliances (specify): _____</p> <p><input type="checkbox"/> Art &amp; Vocational Art (Equipment/Supplies)</p> <p><input type="checkbox"/> Athletic/Gym Equipment</p> <p><input type="checkbox"/> Audio/Visual (Equipment/Supplies)</p> <p><input type="checkbox"/> Automotive and Auto Body Supplies</p> <p><input type="checkbox"/> Aviation Equipment and Supplies</p> <p><input type="checkbox"/> Beauty Equipment and Supplies</p> <p><input type="checkbox"/> Chemicals – Scientific</p> <p><input type="checkbox"/> Childcare Equipment and Supplies</p> <p><input type="checkbox"/> Communications (radios/pagers/phones)</p> <p><input type="checkbox"/> Computer (hardware/peripherals)</p> <p><input type="checkbox"/> Computer (software/supplies)</p> <p><input type="checkbox"/> Computers - Other (specify): _____</p> <p><input type="checkbox"/> Drafting (equipment/supplies)</p> <p><input type="checkbox"/> Electrical Supplies (specify): _____</p> <p><input type="checkbox"/> Electronics, (TV, DVD, etc.) (specify): _____</p> <p><input type="checkbox"/> Fencing Supplies</p> <p><input type="checkbox"/> Flooring Supplies</p> <p><input type="checkbox"/> Freight (moving and related services)</p> <p><input type="checkbox"/> Food Service/Culinary Equipment</p> <p><input type="checkbox"/> Furniture – classroom, office, copy machines, etc. (specify): _____</p> <p><input type="checkbox"/> Glass (windows/supplies)</p> <p><input type="checkbox"/> Hardware (hand tools, nails, screws, etc.)</p> <p><input type="checkbox"/> Heavy Equipment/Machinery (specify): _____</p> <p><input type="checkbox"/> HVAC/Boiler Supplies</p> <p><input type="checkbox"/> Industrial Arts-Welding</p> <p><input type="checkbox"/> Janitorial/Cleaning (specify): _____</p> <p><input type="checkbox"/> Laboratory Supplies</p> <p><input type="checkbox"/> Landscaping &amp; Horticulture<br/>Materials/Supplies</p> | <p><input type="checkbox"/> Lighting (lamps/fixtures)</p> <p><input type="checkbox"/> Locks/Locksmith Services</p> <p><input type="checkbox"/> Lumber</p> <p><input type="checkbox"/> Mailroom (equipment/supplies)</p> <p><input type="checkbox"/> Maintenance Services (specify): _____</p> <p><input type="checkbox"/> Measuring Instruments</p> <p><input type="checkbox"/> Medical/Dental/Nursing Equipment &amp; Supplies</p> <p><input type="checkbox"/> Musical Instruments/Sheet Music</p> <p><input type="checkbox"/> Office Services (photocopying, printing, graphics)</p> <p><input type="checkbox"/> Office Supplies (paper products, etc.)</p> <p><input type="checkbox"/> Paint Supplies</p> <p><input type="checkbox"/> Photography (equipment/supplies)</p> <p><input type="checkbox"/> Plumbing – fixtures and supplies</p> <p><input type="checkbox"/> Police – equipment and supplies</p> <p><input type="checkbox"/> Pool (equipment and supplies)</p> <p><input type="checkbox"/> Power Tools</p> <p><input type="checkbox"/> Rentals (equipment) (specify): _____</p> <p><input type="checkbox"/> Rentals - Other (specify): _____</p> <p><input type="checkbox"/> Roofing (materials/supplies)</p> <p><input type="checkbox"/> Safety Equipment &amp; Supplies)</p> <p><input type="checkbox"/> Sewing Equipment and Supplies)</p> <p><input type="checkbox"/> Signs (traffic/safety/directional)</p> <p><input type="checkbox"/> Theater (stage, sets, lighting, etc.)</p> <p><input type="checkbox"/> Trucking (dumping, trash removal, etc.) (specify): _____</p> <p><input type="checkbox"/> Uniforms</p> <p><input type="checkbox"/> Utilities Provider (electrical/water/phone)</p> <p><input type="checkbox"/> Vehicles (carts, bus, auto, etc.)</p> <p><input type="checkbox"/> Warehouse (material handling equipment/supplies</p> <p><input type="checkbox"/> Window Coverings (draperies, etc.)</p> <p><input type="checkbox"/> Other – Not listed above: (specify): _____</p> |
|--|--|

## SELF-CERTIFICATION

**My business qualifies as the following (check all that apply):**

- My business's annual gross sales are less than \$1 million.
- My business is certified with the Small Business Administration (SBA).
- My business is an Architectural/Engineering firm with annual gross sales of \$4 million or less.
- My business is a Landscape Architectural firm with annual gross sales of \$5 million or less.
- My business is a Specialty Trade Contractor with annual gross sales of \$5 million or less.
- My business is a General Contractor with annual gross sales of \$5 million or less.
- My business is a General Contractor with annual gross sales of \$5 million or less.
- Emerging Business – defined as one who has been in business less than five years. I started my business on \_\_\_\_\_
- Service-Disabled Veteran-Owned Business.
- Veteran-Owned Business (current certification is on file with \_\_\_\_\_ (agency).

**Local Business** – please check if applicable:

- My business is located within Butte, Colusa, Glenn or Tehama counties.

My business also qualifies as (check all that apply). Include Agency where certificate is currently on file.

- Minority Business Enterprise** \_\_\_\_\_
- Woman-Owned Business Enterprise** \_\_\_\_\_
- HUB-Zone Business Enterprise** \_\_\_\_\_
- Disadvantaged Business Enterprise** \_\_\_\_\_
- Other Business** – defined as one that does not meet any of the other definitions above.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

If you would like to receive notifications of business opportunities via email, please provide email address.

\_\_\_\_\_