



PRE-QUALIFICATION APPLICATION
Calendar Year 2027

Public Utility District No. 1 of Franklin County maintains a Pre-Qualified Contractor Roster in accordance with RCW 54.04.085. Contractors who submit an application and successfully pre-qualify will be eligible to bid on work involving construction, improvements, testing, and/or tree trimming on and around the District's electrical and fiber systems.

A COMPLETED APPLICATION CONSISTS OF THE FOLLOWING:

- _____ Completed Application – must be notarized
- _____ A company overview, which includes a current list of supervisory personnel
- _____ A copy of the certificate of registration in the State of Washington
- _____ A list of available equipment
- _____ A copy of your last fiscal year's balance sheet
- _____ Letter from bonding company
- _____ A list of clients served in the last three (3) years
- _____ Other supporting documents

Submit applications to:

Franklin PUD
Attn: Purchasing Department
1411 W Clark St
PO Box 2407
Pasco, WA 99302

Please contact Purchasing at purchasing@franklinpud.com or by phone at (509) 542-5916 if you have questions about this application.

APPLICATION FOR PRE-QUALIFICATION

General Information:

1. Company Name: _____
2. Mailing Address: _____

3. Contact Name: _____
4. Contact Email: _____
5. Contact Phone: _____
6. Email for Bids: _____
(All requests for bids will be sent via e-mail in PDF format to the email referenced above)
7. Number of years in business: _____
8. Business Type: Sole Proprietor____ Partnership____ Corporation____ Joint Venture __ Other: _____
9. If applicant is a corporation:
 - (a) State of incorporation: _____
 - (b) Name of registered agent: _____
 - (c) Include corporate officers' names and tenure with corporation in the company overview.
10. If applicant is a partnership, include names of all partners in the company overview.
11. What is the maximum dollar amount of work that you are capable of undertaking at one time?

12. What is the largest contract amount completed in the previous calendar year? _____
13. What is the total amount of contract work completed for the previous calendar year? _____

Financial Information:

14. Name, branch, contact name, and telephone number of applicant's primary bank:
 - (a) Bank and Branch: _____
 - (b) Contact Info: _____

Bonding Information:

15. Bonding Agent:

(a) Company Name: _____

(b) Contact Name and Phone Number: _____

16. Bonding Company:

(a) Company Name: _____

(b) Contact Name and Phone Number _____

17. Bonding Capacity:

(a) Per Job: \$ _____

(b) Aggregate: \$ _____

(c) Date & Amount of Last Bond: / / \$ _____

(d) Surety Rate: _____ %

18. Other Bonding Information:

(a) Years with Current Surety: _____

(b) Has your firm or any affiliated firm ever had your work completed or supported by a surety in the last 5 years? ____ Yes ____ No If yes, please explain.

19. List the persons or entities who provide indemnification to your surety:

References:

20. List three (3) recent electric utility clients where jobs of similar work have been performed, include name of contact, company, project, email, and phone number.

(a) Reference 1: _____

(b) Reference 2: _____

(c) Reference 3: _____

Pre-Qualification Request:

21. Please Indicate the type of work for which the applicant is seeking pre-qualification for:
(Check the box next to all categories that apply.)

- | | |
|--|--------------------------|
| A. HIGH- VOLTAGE DISTRIBUTION | ☐ |
| - Includes each of the following: | |
| <ul style="list-style-type: none">• 15 kV primary• 600 volt secondary• Overhead construction• Underground construction• Hot work | |
| B. HIGH-VOLTAGE TRANSMISSION | ☐ |
| - Includes all phases of 115kV overhead construction | |
| C. HIGH-VOLTAGE SUBSTATION | ☐ |
| - Includes all phases of 115kV substation construction | |
| D. FIBER OPTIC | ☐ |
| -Includes installation, splicing, and testing | |
| E. METER TESTING | ☐ |
| F. STREET LIGHTING – Installation and maintenance. | ☐ |
| G. POLE TESTING & TREATMENT | ☐ |
| - If this selection is marked, please see section 21. | |
| H. TREE TRIMMING | ☐ |
| G. DOCK CREW | ☐ |
| - Note: Must also be pre-qualified in A, B, & C above,
and have a bonding letter for no less than \$2,500,000. | |

22. Pole Testing and Treatment **(only complete if Pole Testing & Treatment above):**

- (a) Attach a description of the criteria for rejecting poles and determining whether a pole should be replaced or if a pole is able to be reinforced.
- (b) Attach a description of the calculation method used to determine percentage of strength remaining of a pole after shell thickness has been determined; include example calculations.
- (c) Provide make and model of electronic data collection device used in the field to record pole testing data: _____

Supporting Documents:

23. The District requires additional information to properly determine pre-qualifications. Include the following information, in this order, with the application:
- (a) Company overview that includes brief company history, key staff qualification, supervisory personnel with experience, and a list of the type of craftsman available and routinely employed.
 - (b) A copy of your certificate of registration in the State of Washington.
 - (c) Attach a list of major equipment available for work. (Limit 2 pages)
 - (d) Attach your company's last fiscal year balance sheet.
 - (e) Attach a letter from a bonding company - An original letter with a current date from your bonding company specifying your maximum per project and aggregate bonding capacity in dollars (required to post a Statutory Payment & Performance Bond)
 - (f) Attach a list of clients served in the last three (3) years including the company name, contact name, project description, project location, and contract amount.

Affirmations:

24. Affirm that applicant will pay wages and benefits according to the Prevailing Wage laws of Washington State: YES ____ NO ____
25. Affirm that applicant will comply with government regulations regarding non-discrimination employment practices on the basis of sex, race, color or national origin and applicant shall also abide by the Drug Free Workplace Act of 1988: YES ____ NO ____
26. Affirm that applicant is a registered contractor under the provisions of RCW 18.27 and has paid all current fees to the State of Washington: YES ____ NO ____
27. Applicant recognizes and agrees that under the provisions of RCW 54.04.085 the District has the right to reconsider or reevaluate the pre-qualification status of applicant at any time or for any reason at the sole judgment of the District Commission: YES ____ NO ____

(The remainder of this page is intentionally left blank)

By signing below, the signatory warrants they are an authorized representative of the Contractor and has sufficient authority to do so.

SUBMITTED THIS _____ day of _____, 20__.

Signature

Name/Title

Notary Statement

(STATE OF WASHINGTON)

County of _____ (ss)

On this _____ day of _____, 20__ , before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she is authorized to execute the said instrument, and that the statements contained in said instrument and in the attachments thereto are true and correct to the best of his/her knowledge.

WITNESS my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of _____