



### INFORMAL BIDDER'S LIST REGISTRATION APPLICATION

**General Information:**

Name of Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Licenses, Registrations, Certifications:**

1. Department of Industrial Relations ("DIR") Registration Number: \_\_\_\_\_

2. CA State Contractor License(s): \_\_\_\_\_

Classifications (Select All That Apply):

- A      B      C-7      C-8      C-10      C-12      C-13      C-16      C-20      C-21
- C-27      C-31      C-32      C-45      C-60      HAZ      Other: \_\_\_\_\_

3. Is your firm a certified Disadvantaged Business Enterprise ("DBE") or Small Business Enterprise ("SBE") in California?

If yes: Certification(s) held: \_\_\_\_\_

Certifying Agency: \_\_\_\_\_

Certification ID #: \_\_\_\_\_

**Questionnaire:**

1. Please indicate in detail what types of work your firm is interested in performing:

2. How many years has your organization been in business in California as a contractor under your present business name and license number? \_\_\_\_\_ Years

3. At any time in the last five years, has your firm filed for bankruptcy?

Yes      No

4. At any time in the last five years, has your firm had a construction contract with a public agency?

Yes      No

If yes, list agencies: \_\_\_\_\_

5. At any time in the last five years, has your firm been denied an award of a construction contract based on a finding by a public agency that your company was not a responsible bidder?

Yes No

6. At any time in the last five years, has any insurance company, for any form of insurance, refused to renew an insurance policy for your firm?

Yes No

List your firm's Experience Modification Rate (EMR) (California Worker's Compensation Insurance for each of the past three premium years:

Current Year Rate: \_\_\_\_\_ Previous Year Rate: \_\_\_\_\_ Year Prior to Previous Year Rate: \_\_\_\_\_

7. SMART Contractors performing work on the right-of-way are **required** to obtain Railroad Protective Liability Insurance and provide a CG 24 17 railroad endorsements on their General Liability Policy and a CA 20 70 10 13 railroad endorsement on their Auto Policy.

Is your firm willing to acquire the necessary coverage if a contract is awarded to you?

Yes No

**References:**

***This section must be completed.*** Please include contact information for three (3) public entities in which your company has performed public works projects:

Public Entity Name:	
Public Entity Address:	
Contact Name:	
Phone & Email:	

Public Entity Name:	
Public Entity Address:	
Contact Name:	
Phone & Email:	

Public Entity Name:	
Public Entity Address:	
Contact Name:	
Phone & Email:	

I certify that to the best of my knowledge and as of this date, the information provided above is accurate and true and that I am properly licensed and skilled to perform the types of work selected above. I further certify that my company is able to secure the insurance and bonds required to perform the work and that all work will be in compliance with all SMART District, State and Federal requirements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**EMAIL APPLICATIONS TO: [PROCUREMENT@SONOMAMARINTRAIN.ORG](mailto:PROCUREMENT@SONOMAMARINTRAIN.ORG)**

*\*Don't forget to register with SMART's eProcurement Portal at [sonomamarintrain.bonfirehub.com/Opportunities](http://sonomamarintrain.bonfirehub.com/Opportunities) to be notified of all future contracting opportunities.*