

Application Packet For Qualified Contractor Certification

Town of Pacific, Columbia County, WI

W7530 HWY 16, Pardeeville, WI 53954

www.tn.pacific.wi.gov

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The purpose of this document is to provide guidance in applying for Qualified Contractor Certification in the Town of Pacific. The documents contained in this packet will help guide individuals or organizations as they plan and prepare submittal documents, providing for increased efficiency and a streamlined approval process.

Town of Pacific

Columbia County, WI

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Agreement for Reimbursable Services

In the Review of Qualified Contractor Certification Requests
Town of Pacific, Columbia County, WI

The cost of application review for all Qualified Contractor Certification requests shall be borne by the Applicant. The Applicant shall pay all reasonable Town of Pacific incurred expenses relating to a particular Qualified Contractor Certification request. This may include meeting charges, professional consultants, or other relevant Town expenses incurred in connection to the Qualified Contractor Certification request. The Town reserves the right to apply the charges for these services as well as for staff time, mileage, and Town equipment usage expended in the administration, investigation and processing of applications to the Applicant.

The Applicant is required to provide the Town with an executed copy of this agreement as a prerequisite to the processing of the Qualified Contractor Certification request application. The submittal of a Qualified Contractor Certification request application shall be construed as an agreement to pay for such professional review services applicable to the proposal. Review fees which are applied to an Applicant, but which are not paid within 30 days of the issuance of a bill by the Town will accrue interest at a rate of 1.5% per month until the fee is paid in full.

_____ agrees to reimburse the Town of Pacific for
(Applicant/Company)

all review costs associated with, but not limited to, the Town Engineer and Town Attorney, in connection with the Qualified Contractor Certification request and, further, agrees to reimburse the Town for other administrative staff review if, in the judgment of the Town Board, such reimbursement is warranted.

Dated this _____ day of _____, 20 ____ .

Signature of C.E.O.

Printed Name

Town of Pacific

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Application for Qualified Contractor Certification

APPLICANT INFORMATION			
Name of Firm:		Chief Executive Officer:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:	Email Address:	
Are you renewing your Qualified Contractor Certification? <input type="checkbox"/> NO <input type="checkbox"/> YES > QCC# _____			

QUESTIONS	
When was your firm organized?	Date:
When and where was the firm incorporated?	State: Year:
How many years have you been in business as a contractor under your present business name?	_____ years
Give previous business name, if changed during past 5 years.	
Does your firm possess all valid licenses, registrations and certifications required by federal, state, county or town law necessary for the work it seeks to perform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach the background/experience of your principal officers and personnel. OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> <input type="checkbox"/>
Attach the list of membership in professional organizations OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> <input type="checkbox"/>
Attach a list of your major equipment OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> <input type="checkbox"/>
Attach the status of your insurance (workers compensation, liability, etc.) OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> <input type="checkbox"/>
Does your firm meet all bonding requirements as required of it by applicable law? Provide the name of your bonding company and your firm's current limit of payment and performance bonds.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Limit: \$ _____
Has your firm had any type of business, contracting or trade license, certification or registration revoked or suspended in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm ever defaulted on or failed to complete any contract or work assigned?	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No
Has your firm ever been convicted of violating Section 133.03 of the Wis. Statutes or subsequent amendment thereof?	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No
Has your firm ever been debarred, suspended, or disapproved by the State of Wisconsin or the Federal Highway Administration?	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No

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Has your firm ever committed a willful violation of federal, state or local government safety laws as determined by a final decision of a court or government agency authority in the past five years?	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No
Indicate which of the following you have at least 5-years of relevant construction work experience with:	Have you completed at least 5 similar projects
<input type="checkbox"/> Driveway construction or alteration	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ditching or grading in the right-of-way	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pipe and culvert installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Roadwork, including gravel base, asphalt or concrete, guardrails and shouldering	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Utility work, including CATV, Telephone, Fiber Optic, Electric, Gas, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sidewalks or pedestrian trails	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tree or brush clearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Subdivision infrastructure improvement projects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach the quality control practices your firm utilizes. OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> <input type="checkbox"/>
Have you retained at least two municipal references? (do not include the Town of Pacific) OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No <input type="checkbox"/>
Have you worked in the Town of Pacific? OR I am renewing my Qualified Contractor Certification with no updates.	<input type="checkbox"/> Yes -- Attach Details <input type="checkbox"/> No <input type="checkbox"/>

I certify that to the best of my knowledge and belief, all of the information contained in this application is correct. I also understand that the failure to report completely and accurately will result in the denial or withdrawal of the certification and loss of the application fee.

Signature of C.E.O.

Printed Name

Date

An application fee must accompany this Qualified Contractor Certification request. Current fees are posted at the Pacific Town Hall, and may periodically change.

Pacific Town Hall - W7530 HWY 16, Pardeeville, WI 53954