

### Southwest Suburban Sewer District

### 431 SOUTHWEST AMBAUM BOULEVARD BURIEN, WASHINGTON 98166-2497 206-244-9575 FAX 206-433-8546 www.swssd.com



#### Dear Contractor:

It is time to renew your registration with Southwest Suburban Sewer District for the coming year. Please take a moment to carefully review the cover letter and registration forms.

The District has three rosters; Side Sewer Contractor's Roster, Small Works Roster and Special Services Roster. If you want to be included on any of the lists, you *must provide* the following requested information.

#### For the Side Sewer Contractors List provide:

- 1) Completed Registration Application form;
- 2) Copy of your valid State Contractor's License; and
- 3) Certificate of Insurance naming the District as additional insured.

#### For the Small Works Roster provide:

- 1) Completed Registration Application form;
- 2) Completed Schedule of Rates (lump sum pricing not allowed);
- 3) Copy of your valid State Contractor's License;
- 4) Certificate of Insurance naming the District as additional insured; and
- 5) Completed Safety Questionnaire.

#### For the Special Services Roster provide:

- 1) Completed Registration Application form;
- 2) Completed Schedule of Rates (lump sum pricing not allowed);
- 3) Copy of your valid State Contractor's License;
- 4) Certificate of Insurance naming the District as additional insured; and
- 5) Completed Safety Questionnaire.

Contractors registering for work on private property only must provide the minimum amount of insurance required; \$500,000 for both general and auto liability for bodily injury for each occurrence, \$250,000 for each individual and \$100,000 for property damage liability for automobile or general property damage. Proof of automobile liability is essential.

Contractors registering for the Small Works and/or Special Services Rosters must provide a minimum amount of \$1,000,000 for both general and automobile liability. Again, proof of automobile liability is essential and must be provided.

All insurance carriers must have a Best's rating of VII or better. Coverage may exceed the minimum requirements.

If you are registering for the Small Works Roster, you must complete the schedule of rates. If you do not submit a schedule of rates with your application for Small Works, you will not be included on the list. Statements of lump sums will not be accepted. We will, however, accept you to the Side Sewer Contractor's List for work on private property.

Those who do not provide references will not be included on any of the contractor's rosters. References must be public entities with which you have been registered or have contracted with for work. Those who choose not to include references will not be included on any roster.

The District's rosters will be updated periodically and those contractors wanting to be included need to submit all of the information requested in the registration forms.

Reminder: contractors applying for a side sewer permit must submit a plot plan prior to the District's issuance of the permit.

We would also like to remind you of our right-of-way policy amended by Resolution 2006-18, dealing with contractors performing work within the right-of-way without obtaining a right-of-way permit. Please take notice of the following:

- 1) This letter serves as your one and only written notice. There will be no written reprimands.
- 2) Should you be caught working in the right-of-way without a permit, you will be immediately removed from the contractor's list.
- 3) Should you wish to re-register, there will be a re-registration fee of \$500.00, which will be payable upon submitting your registration forms.
- 4) Should you repeat the violation a second time, you will be penalized the \$500.00 plus suspended from working within Southwest Suburban Sewer District's boundaries for a period of one year from the date of the second violation.

If you have a question with regard to the boundaries of the right-of-way, please contact the office for assistance. **Working** in the right-of-way without a permit will not be tolerated.

Southwest Suburban Sewer District reserves the right to reject any application, based on past performance with the District or to revoke any contractor's registration based upon the portrayal of the lack of experience necessary to complete a job within a timely manner and/or complete the job.

If you have any questions or would like a copy of Resolution 2006-18 don't hesitate to contact the inspection department at 206-432-3507 or 206-432-3511. *Please remember, you must re-register each year to be included on one of our lists for the upcoming year.* 

Sincerely, SOUTHWEST SUBURBAN SEWER DISTRICT

Jason R. Richardson, Utility Inspector



# **Southwest Suburban Sewer District**

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## **Registration Application**

				Ap	oplicant	Informatio	1						
Company							Com	pany					
Name:					Date:		Cont	act Pers	son				
Address:													
	Street A	ddress							Suite #	<b>#</b>			
	City								State		ZIP Cod	le	
						E-mail		<u> </u>					
Office Phone Nun	nber (	)				Address:							
								Emerg					
Cell Phone	, ,					, ,		Phone		,	`		
Number	( )			Fax Nu	mber	( )		Numbe	er	(	)		
State								LIBI					
Contractors				- Lunivot	ion Doto			UBI					
License #	ab ====================================			Expirat	ion Date			Numb	er				
Please mark whi	cn roster(s)	you	Chook	Only the	aca that	Annly							
are applying for.  Side Sewer (Con	ntractors pla	naca ha	CHECK	Offiny tine	ose that A	Арріу							
aware of the new			n cido	VEO NO Special Service			rvicas	as (Asphalt Fancing Ignitarial 1959)				NO	
sewer inspection		egaruiri	y side	YES	NO	Special Services (Asphalt, Fencing, Janitorial, YES Landscaping, Painting, and Repairs)				NO			
3cwci irispection	13)			YES	NO	Landscapii	y, i ai	ining, ai	ій ІХСР	ansj		YES	NO
Demolition Only (Capping Only)					General Contracting (Structure Only)								
Small Works (If	applying for sr	mall work											
mandatory that you				YES	NO								
safety questionnaire	e, and schedul	le of rate	s)										
					Refer	ences							
Please list gove	rnment ent	ities tha	at vou h	ave per	formed w	ork for							
1 loade not gove		100 1710	it you n	avo pon	onnoa w	0111 1011	1						
Agency:								Phone:	. (	)			
7.geey.							i						
Address:													
Agency:								Phone:	(	)			
Address:													
Agency:								Phone:	: (	)			
A d d = 0.00													
Address:													
I hereby request to	be registered	with the S	Southwes	t Suburba	n Sewer Di	strict and be in	cluded	on this ve	ear's side	e sewer c	ontractor's	list and/o	or
small works rosters.													
	T												
0													
Contractor's Sign	nature						1		1				
Title								Date					

	Complete if Applying for Small Works Roster		
	<b>RATES</b> Please list equipment owned by Contractor. Include hourly rates digging capacity. (include pump and compressor rates.) Rates MUST rif necessary)		
Equipment			
Personnel			
	Disclaimer and Signature		
	d hereby makes application to be included on the Small Works Rostel nowledges receipt of a copy of Resolution No. 2006-18 as amended.	r of Sou	thwest Suburban Sewer
	is not to be effective until approved by Southwest Suburban Sewer Dequires the applicant to be registered under Southwest Suburban Sew		
Unless the Disti forth in this app	ict receives notice prior to call for work, the District and Contractor ag lication.	ree to a	dhere to rates herein set
	es to hold harmless and indemnify Southwest Suburban Sewer Distric hin the District pursuant to the terms of this application.	ct from a	all claims arising out of
Signature:		Date:	
Title			

## **SW Suburban Sewer District**

# **Small Works Safety Questionnaire**

	cable for this current ye	ar and for the last two (2)	years, as follows:
EMR for	This Year	Last Year	Year Before
Home State:			
Interstate:			
Other States (List)			
Have you received an OS	HA (or DOSH) citatio	on within the last three (3	) years?
If yes, attach a full rep	ort on event and results		
Accident Experience Sum	marize the data shown	on your OSHA Form 300	for all construction related
injuries for year to date and		on your OSIN I oim 500	for an construction related
inguites for your to dute diffe	# 101 1 <b>4</b> .50 J <b>Cu</b> 1.		
Data Type	Т	his Year	Last Year
Recordable (Medical)			
Restricted Duty			
Lost Time			
# of Days Lost			
List construction related	injury incidence rates	for year to date and for	last year: Formula provid
below			
Rate = Number of in	0	ed by Total man-hours Wo	rked
Rate = Number of in	0	ed by Total man-hours Wo divided by Total man-hour	rked
Rate = Number of in	0		rked
Rate = Number of in Severity = Number	of lost days x 200,000 c		rked s Worked
Rate = Number of in Severity = Number of Rate	of lost days x 200,000 c		rked s Worked
Rate = Number of in Severity = Number of Rate Severity Have you experienced an	of lost days x 200,000 c  This Year  y construction fatalitie	divided by Total man-hour	rked s Worked <b>Last Year</b>
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Rate = Number of in Severity = Number of in Rate Severity Have you experienced and If yes, attach a full of	of lost days x 200,000 of This Year  y construction fatalitical discussion of cause and	divided by Total man-hour	rked s Worked <b>Last Year</b>
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Rate = Number of in Severity = Number of in Rate Severity Have you experienced an If yes, attach a full of Safety Program Do you h Accident Prevention	of lost days x 200,000 of This Year  y construction fatalities discussion of cause and ave a written:  Program WAC 296-15	es within the past three (2 results.	s Worked Last Year  3) years?  Yes  No
Rate = Number of in Severity = Number of in Rate Severity Have you experienced an If yes, attach a full of Safety Program Do you h Accident Prevention Excavation, Trenchi	of lost days x 200,000 of This Year  Y construction fatalitic discussion of cause and ave a written:  Program WAC 296-15 and and Shoring Program	es within the past three (2 results.  55-110) Yes No m WAC 296-155 Part N	rked s Worked Last Year  3) years?  \[ Yes \] No
Rate = Number of in Severity = Number of in Severity = Number of in Rate Severity Have you experienced and If yes, attach a full of Safety Program Do you h Accident Prevention Excavation, Trenchin Permit-Required Co	of lost days x 200,000 of This Year  y construction fatalitical discussion of cause and ave a written:  a Program WAC 296-15 on and Shoring Program on Fined Space Program	es within the past three (Aresults.  55-110) Yes No May AC 296-155 Part N WAC 296-809 Yes	rked s Worked Last Year  3) years? Yes No Yes No
Severity = Number of Rate  Severity  Have you experienced and If yes, attach a full of Safety Program Do you have Accident Prevention Excavation, Trenching	of lost days x 200,000 of This Year  y construction fatalitical discussion of cause and ave a written:  a Program WAC 296-15 on and Shoring Program on Fined Space Program	es within the past three (Aresults.  55-110) Yes No May AC 296-155 Part N WAC 296-809 Yes	rked s Worked Last Year  3) years? Yes No Yes No