

Douglasville-Douglas County Water and Sewer Authority
8763 Hospital Drive
PO Box 1157
Douglasville, GA 30134
Phone: (770) 949-7617
Eng. Fax: (770) 920-3898

Application for Approved Contractors List

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

1. Names and Addresses of Principals associated with Contractor.

A. Company is: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP

B. Information on Principals:

Name _____ Title _____

C. Supervisory/Foreman Information:

<u>Name</u>	<u>Title</u>	<u>Years w/Firm</u>	<u>Experience/Years</u>
		<u>Water</u>	<u>Sewer</u>

D. Regular/After Hours Contact Person:

<u>Name</u>	<u>Title</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Attach a summary of the job qualifications and experience for each Principal associated with the Contractor.

The following additional information is REQUIRED to be attached and submitted with the application. Attach additional sheets as necessary.

2. Summary of Water, Sanitary Sewer, and Stormwater Utility Contracting Work, include:

- A. A description of each such project. Provide a minimum of three (3) projects.**
- B. The names and telephone numbers of the developers, inspectors, other utilities, consulting engineers, etc. for each such project.**
- C. Project cost.**
- D. Summary of job difficulty.**
- E. Other factors deemed relevant.**

• *The attached "Project Summary Form" may be copied and used to summarize each project.*

3. Attach current Georgia Utility Contractors License in the name of the firm for which this application is submitted.

4. Identify the Certifications and Licenses of Superintendents, Foremen, Crewmembers, and Company Principals:

5. Bonding Capacity or Letters of Credit.

Bonding Capabilities: \$ _____ **Maximum**

Bonding Company: _____

Contact Person: _____ **Phone:** _____

Letters of Credit: _____

6. Describe any disciplinary action, fines, or charges including liquidated damages brought against the contractor by any entity within the past five (5) years: _____

7. **Describe any prior failure in any contractual obligations to the Owner or any governmental entity within the past five (5) years:** _____

8. **Credit Rating(voluntary):** _____

Any information supplied by the Applicant may be verified by WSA for accuracy. Any attempt to misrepresent any information in conjunction with this application shall be grounds for non-approval.

WSA reserves the right to verify quality of work and compliance with selection criteria with other water and sewer utilities. WSA further reserves the right to consider information obtained from additional sources in its review of the applicant's qualifications. Request for additional information may be made to the Applicant at the sole discretion of WSA.

The undersigned hereby certifies that the information submitted herewith is true and complete and that he/she has the authority to submit this application.

The contractor agrees to fully comply with all Douglasville-Douglas County Water and Sewer Authority applicable policies, regulations, and requirements together with all approved plans and current installation specifications in the construction of water, sanitary sewer, and/or stormwater facilities. The contractor acknowledges that any failure to do so may result in probation or removal from WSA's Approved Contractors List.

Signature of Applicant/Representative

Date

Name(printed):

Title:

For Corporate Applicant:

Attest: _____

Secretary

Name (printed): _____
(Corporate seal must be affixed)

- **If the Applicant is a corporation you must complete the attached "Certificate of Authorization".**

Summary of Previously Completed Projects

Description of Project: _____

Location of Project: _____

Owner: _____

Contact Person: _____ **Phone:** _____

Developer: _____ **Phone:** _____

Inspector: _____ **Phone:** _____

Other Utilities: _____ **Phone:** _____

Project/Consulting Engineer: _____ **Phone:** _____

Pipe Size/Footage: _____ / _____ **Pipe Size/Footage:** _____ / _____

Pipe Size/Footage: _____ / _____ **Pipe Size/Footage:** _____ / _____

(list different sizes and associated footages separately)

Contract Bid Amount: \$ _____

Final Contract Amount: \$ _____

Contract Completion Days: _____ **Actual Completion Days:** _____

Summary of Job Difficulty: _____

Beginning and ending dates of jobs completed:

CERTIFICATE OF AUTHORIZATION

STATE OF _____)

COUNTY OF _____)

I HEREBY CERTIFY that at a meeting of the Board of Directors of _____
_____, a corporation under the laws of the State of
_____, held on _____, 20____, the
following resolution was duly passed and adopted:

“RESOLVED, that _____, as _____
of the corporation, be and he is hereby authorized to execute the Application for Approved
Contractors List of the Douglasville-Douglas County Water and Sewer Authority dated _____
_____, 20____, and that his execution thereof attested by the Secretary of the corporation
and with corporate seal affixed, shall be the official act and deed of this corporation.”

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand affixed the official seal of the
corporation this _____ day of _____, 20_____.

Secretary