



For Information Purposes Only

**QUALIFICATION APPLICATION
Consultants, Contractors, Suppliers and Vendors**

Section A: Company/Organization Profile																		
Full Company/DBA/Entity Name:			Year Established:		No. of Years Using Current Name:													
Street Address (Firm Headquarters):			Former Company/DBA/Organization Name(s) (if any):															
City:	State:	Zip Code:	Dunn and Bradstreet No:	SIC No:	NAICS No:	Federal Tax ID:												
Contact Information Name: _____ Title: _____ Office Phone: _____ Cell Phone: _____ Fax Number: _____ Email Address: _____ Web Site: _____			Company/Organization Type <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship State of Incorporation: _____ <input type="checkbox"/> General Partnership (GP) <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Limited Liability Partnership (LLP) State of Partnership: _____ <input type="checkbox"/> Non Profit <input type="checkbox"/> Other: _____															
Business Class and Diversity <input type="checkbox"/> Large Business <input type="checkbox"/> Non Profit/Education <input type="checkbox"/> Small Business (<i>Please indicate type(s) below, as applicable</i>) * <input type="checkbox"/> 8(a) Certified * <input type="checkbox"/> Small Disadvantaged (SBA Cert.) * <input type="checkbox"/> Socio-Economically Disadvantaged * <input type="checkbox"/> Women-Owned * <input type="checkbox"/> Veteran-Owned * <input type="checkbox"/> Service Disabled Veteran * <input type="checkbox"/> Minority-Owned * <input type="checkbox"/> HUBZone (SBA Cert.)			Primary Business Activities <input type="checkbox"/> Accounting <input type="checkbox"/> Analytical <input type="checkbox"/> Building <input type="checkbox"/> General Construction <input type="checkbox"/> Chemicals <input type="checkbox"/> Computer Hardware/Software <input type="checkbox"/> Consulting <input type="checkbox"/> Contracting <input type="checkbox"/> Engineering <input type="checkbox"/> Environmental <input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Office Equipment/ Supplies <input type="checkbox"/> Painting <input type="checkbox"/> Pipeline Contractor <input type="checkbox"/> Professional Services <input type="checkbox"/> Pump Maintenance <input type="checkbox"/> Reservoir/Tank Construction/Maintenance <input type="checkbox"/> Security <input type="checkbox"/> Survey <input type="checkbox"/> Training & Education Specify: _____ <input type="checkbox"/> Waterworks Material Supplier															
Ethnicity: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> Black American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Polynesian <input type="checkbox"/> White <small>GSWC operates a Supplier Diversity Program. GSWC is committed to achieving Supplier Diversity business opportunity goals in order to reflect communities we serve, and in full compliance with the California Public Utilities Commission (CPUC) requirements including General Order 156, as amended. Please indicate whether your business is a <i>certified</i> Women, Minority or Disabled Veteran Owned Business Enterprise. Information regarding certification for women and minority businesses is available at the Clearinghouse by visiting www.thesupplierclearinghouse.com or call (800) 359-7998. Information regarding disabled veterans is available at the CA Department of General Services by visiting pd.dgs.ca.gov/smbus/dvbecert.htm or call (916) 375-4940.</small>			Trade or Professional Licenses/State Certifications Indicate the type of contractor, professional service, or specialty trade license(s) or certificate(s) maintained by your firm: _____ Number: _____ Please attach a copy of each license or certification.															
Approximate Number of Current Employees <input type="checkbox"/> 10 or fewer <input type="checkbox"/> 10-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> Over 500			Estimated Annual Gross Revenue Prior Three (3) Fiscal Years <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;">Year:</td> <td style="width: 30%;">Amount:</td> </tr> <tr> <td></td> <td>20__</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>20__</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>20__</td> <td>\$ _____</td> </tr> </table>					Year:	Amount:		20__	\$ _____		20__	\$ _____		20__	\$ _____
	Year:	Amount:																
	20__	\$ _____																
	20__	\$ _____																
	20__	\$ _____																
Bank Reference																		
Name of Bank: _____ Phone: _____ Type(s) of Account(s): _____ Account No: _____																		
Brief Financial Statement																		
Please attach a brief financial statement, or a current balance sheet, and credit information.																		



Please check the GSWC customer service areas where you desire to do work:

- | | | | | | |
|------------------------------|--|------------------------------------|--------------------------------------|---|-------------------------------------|
| GSWC Business Office(s) | <input type="checkbox"/> San Dimas | <input type="checkbox"/> Anaheim | <input type="checkbox"/> Ontario | | |
| Region 1 Northern | <input type="checkbox"/> Arden Cordova | <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clearlake | | |
| Region 1 Coastal | <input type="checkbox"/> Los Osos | <input type="checkbox"/> Ojai | <input type="checkbox"/> Santa Maria | <input type="checkbox"/> Simi Valley | |
| Region 2 Central | <input type="checkbox"/> Artesia | <input type="checkbox"/> Norwalk | <input type="checkbox"/> Bell | <input type="checkbox"/> Bell Gardens | |
| | <input type="checkbox"/> Florence-Graham | <input type="checkbox"/> Hollydale | <input type="checkbox"/> Willowbrook | <input type="checkbox"/> Culver City | |
| Region 2 Southwest | <input type="checkbox"/> Carson | <input type="checkbox"/> Inglewood | <input type="checkbox"/> Lawndale | <input type="checkbox"/> Gardena | <input type="checkbox"/> Compton |
| Region 3 Orange County | <input type="checkbox"/> Los Alamitos | <input type="checkbox"/> Placentia | | | |
| Region 3 Foothill | <input type="checkbox"/> Arcadia | <input type="checkbox"/> Claremont | <input type="checkbox"/> San Dimas | <input type="checkbox"/> San Gabriel | |
| Region 3 Mountain/Desert | <input type="checkbox"/> Apple Valley | <input type="checkbox"/> Barstow | <input type="checkbox"/> Calipatria | <input type="checkbox"/> Morongo Valley | <input type="checkbox"/> Wrightwood |
| Bear Valley Electric Service | <input type="checkbox"/> Big Bear Lake, CA | | | | |

Section B: Bondability and Insurance

- Is your company currently bondable? Yes No N/A
- Has your company previously been bonded? Yes No N/A
- What is your Bond Limit Amount (Aggregate)? _____
- Would your company meet the following minimum insurance requirements:
- State required Worker's Compensation? Yes No N/A
- State required Automobile Insurance? Yes No N/A

The following outlines the general minimum insurance coverage limits for:

- Major Construction/Maintenance Work (e.g., Pipeline, well and pump, electrical power lines)
- Minor Construction/Maintenance Work (e.g., Landscape, plumbing, security, etc.)
- General Consulting, Management or Engineering Services
- Specialized Consulting Work
- Professional Services

Type of Insurance	Major	Minor	General Consulting, Management or Engineering Services	Specialized Consulting Work	Professional Services
General Liability					
General Aggregate	\$2,000,000	\$500,000	\$2,000,000	\$500,000	N/A
Products-Completed Operations	\$2,000,000	\$500,000	\$2,000,000	N/A	N/A
Personal & Advertising Injury	\$1,000,000	\$100,000	\$1,000,000	N/A	N/A
Each Occurrence	\$1,000,000	\$100,000	\$1,000,000	\$500,000	N/A
Auto Liability (any auto)					
Company owned vehicles					
Combined Single Limit	\$1,000,000	\$1,000,000	\$1,000,000	\$500,000	N/A
Hired and non-owned vehicles					
Combined Single Limit	\$1,000,000	\$1,000,000	\$1,000,000	N/A	N/A
Company Owned Vehicles					
Combined Single Limit					
Hazardous Material Suppliers	\$5,000,000 (\$1M in Primary and \$4M in excess)	N/A	N/A	N/A	N/A
Worker's Compensation	Statutory	Statutory	Statutory	Statutory	Statutory
Employers' Liability					
Each Accident	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Disease- Policy Limit	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Disease- Each Employee	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Professional Liability (Errors & Omissions)					
Each Claim	N/A	N/A	\$1,000,000	N/A	\$1,000,000
Annual Aggregate	N/A	N/A	\$1,000,000	N/A	\$1,000,000

- Professional Liability Insurance? Yes No N/A
- Please attach a sample copy of the applicable insurance certificates.



Section C: Health and Safety

Experience Modification Rate

Is your firm subject to the EMR? Yes No

If yes, please provide rating for the past three (3) years.

Year	EMR	Year	EMR	Year	EMR
20__	_____	20__	_____	20__	_____

OSHA Recordable Incident Rate

Is your firm exempt from OSHA record keeping because of size (e.g. 10 or fewer employees) and/or industry type?

Yes No N/A

If no, list your firm's OSHA Recordable Incidence Rate for each of the past three (3) years.

Year	Rate	Year	Rate	Year	Rate
20__	_____	20__	_____	20__	_____

Check the appropriate boxes below:

1. Does your firm have a written safety program? Yes No N/A
2. Does your firm currently have a written safety plan which complies with current OSHA standards? Yes No N/A
3. Does your firm have a safety orientation program for new employees? Yes No N/A
4. Ever had a period when your firm was without required Workers' Compensation Insurance or approved self-insurance? Yes No N/A
5. Has your firm experienced either a State or Federal Occupational Safety and Health Administration serious violation, or citation, or been assessed penalties? If yes, number of instances? _____ Yes No N/A
6. Has your firm experienced either a State or Federal Environmental Protection Agency (EPA) issued Notice of Violation (NoV) and/or assessed any penalties? If yes, number of instances? _____ Yes No N/A
7. Has your firm experienced a work-related fatality or an accident that resulted in the hospitalization of four (4) or more employees? Yes No N/A

If yes, please attach an explanation.

Section D: Contractual/Financial/Legal

1. Does your firm have a written Code of Conduct? Yes No N/A
2. Does your firm have any apparent or actual conflict of interest with GSWC? Or with any of its employees? Or are you a relative of any GSWC employee? If yes, please explain: _____ Yes No N/A

Within the last five (5) years, has your firm:

3. Filed for Bankruptcy (voluntary or involuntary)? Yes No N/A
4. Had a state license or certification suspended or revoked? Yes No N/A
5. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any utility, local, state or federal agency project? Yes No N/A
6. Had a client or owner submit a claim for arbitration against your firm?
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____ Yes No N/A
7. Submitted for arbitration a claim against a client or owner concerning work on a project or any contract?
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____ Yes No N/A
8. Had a contract terminated for cause or default by a client or owner?
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____ Yes No N/A
9. Defaulted on a contract forcing a Surety to suffer a loss? Yes No N/A
10. Experienced a client or owner making a demand on your payment or performance bonds? Yes No N/A
11. Has a surety made payments on your firm's behalf to satisfy a claim made against a payment or performance bond?
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____ Yes No N/A
12. Been unable to obtain a bond or been denied a bond for a contract? Yes No N/A



13. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm? Yes No N/A
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.
14. Are there any current outstanding liens or stop notices for labor and/or material filed against your firm on any contracts? Yes No N/A
15. Been sued? Yes No N/A
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.
16. Filed suit? Yes No N/A
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.

If yes to any of the above, please attach explanation and details including the Agency, Client, name of Court and case numbers, etc.

17. What size projects is your company comfortable undertaking in view of existing capabilities and available financial resources? Single project value: \$_____ Total value work in progress: \$_____
18. Does your firm have an Accounting System, approved by either an agency of the US Government (e.g., DCAA) or any state government? Yes No *If yes, please specify which agency: _____
19. What is the date of the last approval of your Accounting System by the specified agency? _____

Section E: Performance References

A. Business References: List two (2) general business references:

Contact	Company	Phone	Years?
1. Email:			
2. Email:			

B. List the two (2) highest value contracts completed in the prior three (3) years:

Owner/Client	Contact & Phone	Job Description	Contract Amount: Original \$ Completed \$	Complete Date: Original Actual
1. Email:			\$	
			\$	
2. Email:			\$	
			\$	

C. List two (2) Subcontractors or Subconsultants (as applicable):

Company	Service(s) Provided	Contact Name	Phone
1.		Email:	
2.		Email:	

D. List two (2) current Material Suppliers or Vendors:

Company	Material or Service Provided	Contact Name	Phone
1.		Email:	
2.		Email:	



Section F: Service(s) Provided

Check a maximum of five (5) type(s) of service(s) your firm performs in its own name. Do not include services that your firm subcontracts.

<p>A</p> <input type="checkbox"/> Accountant A14 <input type="checkbox"/> Acquisitions A16 <input type="checkbox"/> Advertising A08 <input type="checkbox"/> Air Conditioning - Heating A02 <input type="checkbox"/> Air Conditioning Maintenance A03 <input type="checkbox"/> Architects A06 <input type="checkbox"/> Armored Services A07 <input type="checkbox"/> Asbestos & Lead Paint A01 <input type="checkbox"/> Asphalt A09 <input type="checkbox"/> Audio Visual A05 <input type="checkbox"/> Auto Repair A04 <input type="checkbox"/> Automobile - Lease A15 <input type="checkbox"/> Automobile - Parts A10 <input type="checkbox"/> Automobile - Rentals A11 <input type="checkbox"/> Automobile - Tires A13 <input type="checkbox"/> Automobile - Truck Purchases A12 <p>B</p> <input type="checkbox"/> Barricades B03 <input type="checkbox"/> Bearings B04 <input type="checkbox"/> Blue Prints B05 <input type="checkbox"/> Bolts B06 <input type="checkbox"/> Booster Pumps B01 <input type="checkbox"/> Building Maintenance B02 <input type="checkbox"/> Building Materials and Supplies B07 <p>C</p> <input type="checkbox"/> Calibration C10 <input type="checkbox"/> Carpentry C01 <input type="checkbox"/> Carpet/Carpet Cleaning C11 <input type="checkbox"/> Catering/Food Services C12 <input type="checkbox"/> Cement/Concrete Supplies C13 <input type="checkbox"/> Chemical Delivery C02 <input type="checkbox"/> Chlorine Equipment/ Supplies C14 <input type="checkbox"/> Circuit Breakers C15 <input type="checkbox"/> Clamps C16 <input type="checkbox"/> Coffee/Soft Drink Supplies C18 <input type="checkbox"/> Compressors C22 <input type="checkbox"/> Computer - Hardware C19 <input type="checkbox"/> Computer - Services/Maintenance C07 <input type="checkbox"/> Computer - Software C20 <input type="checkbox"/> Concrete Contractor C23 <input type="checkbox"/> Conservation C05 <input type="checkbox"/> Construction Clean-up C03 <input type="checkbox"/> Consulting/Engineering C04 <input type="checkbox"/> Consulting - Engineers C21 <input type="checkbox"/> Contributions C17 <input type="checkbox"/> Corporate Gifts C24 <input type="checkbox"/> Corrosion Engineering/Insp. C06 <input type="checkbox"/> Courier Services/Maintenance C08 <input type="checkbox"/> Crane Rental C25 <p>D</p> <input type="checkbox"/> Demolition Contractor D06 <input type="checkbox"/> Development D01 <input type="checkbox"/> Language Interpreter L11	<input type="checkbox"/> Disaster Recovery D03 <input type="checkbox"/> Distribution Maintenance D02 <input type="checkbox"/> Drafting Supplies D05 <input type="checkbox"/> Ductile Iron Pipe D04 <p>E</p> <input type="checkbox"/> Earthwork E01 <input type="checkbox"/> Electrician/ Electrical E02 <input type="checkbox"/> Energy Efficiency Consultant E09 <input type="checkbox"/> Engineering Services E04 <input type="checkbox"/> Environmental Engineering E03 <input type="checkbox"/> Equipment Rental E05 <input type="checkbox"/> Excavation E06 <input type="checkbox"/> Exterminator E10 <input type="checkbox"/> Event Planner E07 <input type="checkbox"/> Event Rentals E08 <p>F</p> <input type="checkbox"/> Fencing F01 <input type="checkbox"/> Field Testing F02 <input type="checkbox"/> Financial Consultant F10 <input type="checkbox"/> Fire Extinguishers/Services F04 <input type="checkbox"/> Fire Hydrants F03 <input type="checkbox"/> First Aid Supplies F11 <input type="checkbox"/> Flashers F05 <input type="checkbox"/> Fleet F12 <input type="checkbox"/> Flooring F07 <input type="checkbox"/> Floral Décor F13 <input type="checkbox"/> Flush Line F06 <input type="checkbox"/> Flush Out F08 <input type="checkbox"/> Franklin Quest Products F09 <p>G</p> <input type="checkbox"/> Gardening/Landscaping Services G06 <input type="checkbox"/> Gas Chlorination Parts G03 <input type="checkbox"/> General Construction G01 <input type="checkbox"/> General Contractor G04 <input type="checkbox"/> General Engineering G02 <input type="checkbox"/> Generators G05 <input type="checkbox"/> Geotechnical Services G08 <input type="checkbox"/> Graffiti Removal G07 <input type="checkbox"/> Graphic Design G09 <p>H</p> <input type="checkbox"/> Hauling H02 <input type="checkbox"/> Hazardous Waste Removal H01 <p>I</p> <input type="checkbox"/> Industrial Oils I02 <input type="checkbox"/> Industrial Supplies I03 <input type="checkbox"/> Inspection I01 <input type="checkbox"/> Investments I05 <input type="checkbox"/> IT Services I04 <p>J</p> <input type="checkbox"/> Janitorial Services J01 <p>L</p> <input type="checkbox"/> Laboratories Sampling L03 <input type="checkbox"/> Laboratory Equipment/Testing L04 <input type="checkbox"/> Purification P17
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<input type="checkbox"/> Land Leasing L15 <input type="checkbox"/> Land Use Entitlement L14 <input type="checkbox"/> Landscaping L01 <input type="checkbox"/> Large Meter – Replacement L06 <input type="checkbox"/> Large Meter – Testing L07 <input type="checkbox"/> Large Water- Meters L10 <input type="checkbox"/> Legal Consulting L12 <input type="checkbox"/> Lineman’s Equipment L05 <input type="checkbox"/> Locksmith L13 <input type="checkbox"/> Low Voltage Communities L02 <input type="checkbox"/> Lubricating Products L08 <input type="checkbox"/> Lumber L09 M <input type="checkbox"/> Machinery & Pumps M01 <input type="checkbox"/> Maintenance Supplies M07 <input type="checkbox"/> Maintenance Work M11 <input type="checkbox"/> Mailing Equipment M10 <input type="checkbox"/> Mailing Services M06 <input type="checkbox"/> Manufacture M04 <input type="checkbox"/> Market Research & Communication M14 <input type="checkbox"/> Mechanical – Repairs M09 <input type="checkbox"/> Media M13 <input type="checkbox"/> Medical Supplies M08 <input type="checkbox"/> Meter Boxes M12 <input type="checkbox"/> Meter Installation M05 <input type="checkbox"/> Meter Reading M02 <input type="checkbox"/> Meter Repairs M03 N <input type="checkbox"/> _____ O <input type="checkbox"/> Office Design O03 <input type="checkbox"/> Office Machine Maintenance O01 <input type="checkbox"/> Office Relocation O02 <input type="checkbox"/> Office Supplies O06 <input type="checkbox"/> Office Supplies – Equipment O04 <input type="checkbox"/> Office Supplies – Furniture O05 P <input type="checkbox"/> Paint/Decoration P01 <input type="checkbox"/> Paving P02 <input type="checkbox"/> Pest Control P09 <input type="checkbox"/> Photography P11 <input type="checkbox"/> Pipe Fittings and Valves P12 <input type="checkbox"/> Pipeline P03 <input type="checkbox"/> Pipeline Install & Convey P04 <input type="checkbox"/> Plant Work P14 <input type="checkbox"/> Plastic Service P13 <input type="checkbox"/> Plumbing P10 <input type="checkbox"/> Pole Installation P05 <input type="checkbox"/> Printing – Stationary/Forms P15 <input type="checkbox"/> Professional Services P06 <input type="checkbox"/> Promotional Items P18 <input type="checkbox"/> Public Relations Consultant P20 <input type="checkbox"/> Publishing/Periodicals P19 <input type="checkbox"/> Pump Maintenance P07 <input type="checkbox"/> Pump Testing P08 <input type="checkbox"/> Pumps/Pumping Equipment P16 <input type="checkbox"/> Underground Location U01	R <input type="checkbox"/> Radio Repair/Installation R09 <input type="checkbox"/> Radios R05 <input type="checkbox"/> Real Estate Acquisitions R10 <input type="checkbox"/> Real Estate Brokerage R11 <input type="checkbox"/> Recruitment and Staffing R12 <input type="checkbox"/> Recycling R07 <input type="checkbox"/> Rental/Leasing R04 <input type="checkbox"/> Reservoir/Tank Construction R02 <input type="checkbox"/> Reservoir/Tank Maintenance R03 <input type="checkbox"/> Rock and Sand R06 <input type="checkbox"/> Roofing R01 <input type="checkbox"/> Roofing Material R08 S <input type="checkbox"/> Safety Equipment S25 <input type="checkbox"/> Safety Training S10 <input type="checkbox"/> Sampling S01 <input type="checkbox"/> SCADA Consulting S24 <input type="checkbox"/> Scrap Disposal S22 <input type="checkbox"/> Security Services S09 <input type="checkbox"/> Security System S02 <input type="checkbox"/> Sewage Treatment S03 <input type="checkbox"/> Shipping Services S14 <input type="checkbox"/> Sign Installation S04 <input type="checkbox"/> Signs and Banners S15 <input type="checkbox"/> Small Meter S12 <input type="checkbox"/> Small Meter – Replacement S17 <input type="checkbox"/> Small Meter – Testing S18 <input type="checkbox"/> Soil & Ground Water S05 <input type="checkbox"/> Sprinkler Contractor S11 <input type="checkbox"/> Sprinkler Controls S19 <input type="checkbox"/> Storage Containers S20 <input type="checkbox"/> Storage Tank Removals S06 <input type="checkbox"/> Storm Drains S07 <input type="checkbox"/> Street Lighting & Signal System S16 <input type="checkbox"/> Structural Steel Fabrication S08 <input type="checkbox"/> Surveying S23 <input type="checkbox"/> Switches S21 T <input type="checkbox"/> Tank Services T06 <input type="checkbox"/> Telephone T08 <input type="checkbox"/> Telephone - Cellular T07 <input type="checkbox"/> Telephone Installation T01 <input type="checkbox"/> Temporary Services T04 <input type="checkbox"/> Tenting T09 <input type="checkbox"/> Tools/Hardware Supplies T10 <input type="checkbox"/> Towing Services T11 <input type="checkbox"/> Training T05 <input type="checkbox"/> Transporting/Freight T17 <input type="checkbox"/> Trash Pick Up T12 <input type="checkbox"/> Travel Services T14 <input type="checkbox"/> Tree Maintenance T02 <input type="checkbox"/> Tree Services T13 <input type="checkbox"/> Trenching T03 <input type="checkbox"/> Trucking Services T15 U <input type="checkbox"/> Water Hauler, Potable W13
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- | | |
|--|---|
| <input type="checkbox"/> Uniforms U02
<input type="checkbox"/> Utility Equipment U03
V
<input type="checkbox"/> Valve Repairs/Maintenance V01
<input type="checkbox"/> Vaults V02
<input type="checkbox"/> Vendor Certification V03
W
<input type="checkbox"/> Waste Removal W02
<input type="checkbox"/> Water and Sewer Separation W09
<input type="checkbox"/> Water Hauler, Non-Potable W12 | <input type="checkbox"/> Water Quality Sampling W03
<input type="checkbox"/> Water Treatment Equipment W11
<input type="checkbox"/> Watershed Survey W10
<input type="checkbox"/> Welding W04
<input type="checkbox"/> Welding Supplies W07
<input type="checkbox"/> Well Drilling W05
<input type="checkbox"/> Well Maintenance/Repairs W01
<input type="checkbox"/> Wiping Material W08
<input type="checkbox"/> Wiring Systems W06 |
|--|---|

Section G: Authorization, Certification and Agreement

Golden State Water Company (GSWC) will utilize this Qualification Application and the information listed as part of its pre-qualification and approval process. Applicant hereby *authorizes* GSWC to check and verify the information, including obtaining D&B financial reports, conducting reference checks and performing public records reviews in connection with evaluation of this Qualification Application.

All services must be performed professionally and properly, under appropriate licenses and certifications and required minimum insurance amounts. No work may be commenced without a prior GSWC written contract.

GSWC Contracts include requiring applicable insurance, FOB Destination (GSWC), and generally pricing on a Firm, Fixed Price or a Time and Materials basis inclusive of all cost elements such as expenses, fees, cost of money, G&A, incidentals, labor, overhead(s), profit, supplies, deliverables, taxes, travel, etc. GSWC may require payment and performance bonds for high value construction project work.

Applicant understands and recognizes that *Time is of the Essence* in the performance of any GSWC contract.

GSWC expects good faith, excellent customer service and full cooperation at all times.

Payment for accepted goods and services is generally net thirty (30) days, once each month.

Applicant agrees to maintain all GSWC Provided Information, in whatever form or type, including GSWC business and financial information, data, engineering information, personnel information, software, technical information, security information, specifications, Statements of Work, and the like, in *Confidence* using reasonable means. Applicant agrees to use GSWC Provided Information only for purposes of Bid/Proposal preparation or for successful performance of the applicable contract with GSWC, and for no other purpose or use. GSWC Provided Information shall not be disclosed to any third party, except as necessary for Bid/Proposal preparation or to successfully perform the GSWC contract, and provided that such third party (e.g. sub-consultant, sub-contractor or supplier) is under similar written obligations of GSWC Provided Information Confidentiality, contract use limitation and non-disclosure. As appropriate, Applicant may be required to enter into an additional Confidentiality Agreement with GSWC as circumstances may warrant.

GSWC operates a Supplier Diversity Program in accordance with the California Public Utilities Commission General Order 156. Accordingly, GSWC requires its prime consultants, contractors and suppliers to submit to GSWC periodic diverse supplier second tier (e.g., diverse sub-consultant, sub-contractor or supplier) spend reports which relate to the GSWC contract(s).

Applicant understands that completing this Qualification Application and becoming qualified by GSWC does not obligate GSWC to enter into any particular contract or any contract at all with Applicant.

A completed Qualification Application may be submitted to GSWC via email: cpsd-support@gswater.com.



Applicant *represents and certifies* to the best of his or her knowledge that the information provided herein is true, accurate and complete as of the date indicated below.

AGREED AND ACCEPTED:

Executed by an Authorized Company/DBA/Firm/Organization Representative as indicated below:

Please Print Name

Title

Date

Signature