

WEST KERN WATER DISTRICT

Qualifications for Bidders List

Your Company Name: _____

Address: _____

City, State, and Zip: _____

Phone No. with Area Code: _____ Fax No.: _____

Field of Work: _____

(Please Print or Type)

1. Must have valid California Contractor's License

License Number: _____

2. Must be registered with Department of Industrial Relations per SB854

(<https://www.dir.ca.gov/Public-Works/Contractors.html>)

PWC Registration Number: _____

3. Must have at least four (4) references in your field of work

Company Name & Contact Person	Address	Phone Numbers
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1. _____

2. _____

3. _____

4. _____

(Please Print or Type)

4. Must have at least two (2) years experience in your field of work YES NO

5. Bondable YES NO Limit _____

6. Please attach your Certificate of Insurance for review.

The District's general insurance requirements are as follows:

General Aggregate	\$ 3,000,000
Commercial General Liability per Occurrence	\$ 1,000,000
Automobile Liability- combined single limit	\$ 2,000,000
Workers' Compensation	\$ 1,000,000

A Certificate Holder (as additionally insured)

West Kern Water District

P.O. Box 1105

Taft, CA 93268-1105

Signature _____

Title _____

Date _____

Please fill out this form and fax to the District @ 661-765-5435 or 661-765-4271 or email to
taylor@wkwd.org

Revised 09/11/15