

CROW WING COUNTY CONTRACTOR APPLICATION FORM

Please complete all applicable sections of this application.

Part 1 General Information

1.1 Business Information

Business Name			Federal ID#
Address			
City			
State		Zip	

1.2 Business Contacts

Primary Contact:		Alternate Contact:	
Office /Home Phone		Office / Home Phone	
Fax		Fax	
Cellular		Cellular	
E-mail		E-mail	

1.3 Insurance Coverage

An insurance certificate, with Crow Wing County as certificate holder, will be required before any work can commence on Land Department Managed Lands. The Insurance Certificate must reflect the coverage requirements of Crow Wing County.

1.4 Contractor Services

Describe services provided by your company (check all that apply)

<input type="checkbox"/>	Beaver Control	<input type="checkbox"/>	Bud Capping
<input type="checkbox"/>	Chemical Application	<input type="checkbox"/>	Demolition (Buildings)
<input type="checkbox"/>	Forest Inventory (Cruising)	<input type="checkbox"/>	Gate Installation
<input type="checkbox"/>	Gravel Hauling	<input type="checkbox"/>	Pre-commercial Thinning
<input type="checkbox"/>	Road Construction/Maintenance	<input type="checkbox"/>	Site Preparation
<input type="checkbox"/>	Timber Harvest	<input type="checkbox"/>	Trail Grooming
<input type="checkbox"/>	Tree Planting	<input type="checkbox"/>	Trucking
<input type="checkbox"/>	Wood Buyer/Broker Only	<input type="checkbox"/>	

Other Services:

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Part 2 Capability and Experience

2.1 Resources available

Briefly describe resources (number of employees, crews, equipment, facilities, etc.) that are used in the work.

2.2 Experience

Use the form below to describe significant contract services provided in the past 5 years. Please provide detail on clients and locations, what services were provided (from list in Part 1 above) over what time period, the scope of the work (number of contracts, acreage treated, etc.), and references that can describe your work and performance. Append additional pages, materials, or other information as necessary.

Client:	Location:
Services:	Duration:
Scope:	
Reference(s) and phone number(s):	
Client:	Location:
Services:	Duration:
Scope:	

Part 3 Credentials and Qualifications

3.1 Licenses and Permits

Contractor will supply, when requested, a list describing licenses and permits which are required to perform that service.

3.2 Certificates and Accreditations

Contractor will supply, when requested, a list describing certifications and /or accreditations which may be relevant to the contract service.

3.3 Industry or Professional Affiliations

Use the form below describing any industry or professional associations of which your company is a member which may be relevant to the contract service.

Industry Association	Membership Type

Part 4 Logger Education Training

- 4.1 Field operator responsible for supervising crew members must provide the information below.

Name	Date	Type of Training	Are you a member in good standing? e.g. have you paid your dues?

Part 5 Migrant and Seasonal Workers (Where Applicable)

5.1 Required Documentation

You may be requested, at the time contract is signed, to supply: Crew roster; work condition disclosure statement provided to workers (in Spanish); signed statement from contractor that the work condition disclosure statement has been given to all workers; copy of Contractor's Certificate of Registration; MSPA Housing Inspection Certificate (required only if contractor is providing housing); copies of drivers licenses for all drivers of vehicles transporting workers; copy of certificate of vehicle inspection required by DOL for all vehicles transporting workers; copy of Certificate of Insurance, in accordance with Crow Wing County's insurance provisions attached.

Part 6 Environmental, Safety and Insurance Requirements

- 6.1 The purchaser, purchaser's agents, employees, subcontractors, and assigns will:

- Comply with general safety standards
- Comply with mandatory worker compensation insurance requirements (MS 175)
- Comply with Forest Management Guidelines
- Comply with Crow Wing County's insurance requirements

Part 7 Annual Compliance

I certify that I (we) understand and acknowledge that it is my responsibility to know, understand, and comply with Crow Wing County's contractor / responsible operator requirements and timber sale policy and procedures. I also understand that violation of eligibility will result in a penalty, loss of certain rights to timber purchased and loss of future bidding / contracting eligibility.

I will notify Crow Wing County immediately upon change of information or status.

SIGNATURE: _____ DATE: _____
Owner/Authorized Representative

Please return this signed and completed Contractor Application to:

Crow Wing County Land Services Department

Natural Resource Management Division SIGNATURE: _____

Land Services Building

Land Commissioner

322 Laurel Street, Suite 12

DATE: _____

Brainerd, MN 56401

- ☐ Yes, add to the responsible operator list.
- ☐ Yes, add to responsible operator list with conditions _____.
- ☐ Wood Buyer / Broker Only; Eligible to Bid; Not required to be on Responsible Operator List