



DEPARTMENT OF PUBLIC WORKS & ENGINEERING SERVICES

22 ORINDA WAY
ORINDA, CA 94563

DIRECTOR – SCOTT CHRISTIE
WWW.CITYOFORINDA.ORG

BIDDERS LIST APPLICATION

Firms who wish to be added to our bidders list for construction contracting opportunities should return the completed form to the address above, Attention: Dept. of Public Works. Fax or Email is also acceptable – see contact information below.

Firm Name: _____ Contact Person: _____

Address: _____

Phone No.: (____) _____ Fax No.: (____) _____ E-mail Address: _____
(Required to receive bid notices)

Business Type: Contractor Subcontractor Materials Supplier/Manuf. Trucker Building Exchange

Is your firm a certified Disadvantaged Business Enterprise in the Calif. Unified Certified Program (CUCP)? Yes ___ No ___

In what year did your business start under its current name? (Required for DBE's under 49 CFR Part 26) Year _____

Gross Annual Receipts: What was your firm's average gross annual receipts for the last three years?
(DBEs are required to provide this information under 49 CFR Part 26)

- Less than \$1 Million
- Less than \$5 Million
- Less than \$10 Million
- Less than \$16.6 Million
- More than \$16.6 Million

California Contracting License(s) Held:

CLASSIFICATION

LICENSE NO.

Type of Work Interested in (Please check all that apply):

- Roadway Construction (Reconstruction, Overlay, Paving, Recycling, Grading)
- Road Surface Treatment (Slurry Seals, Chip Seals, Microsurfacing)
- Storm Drain (Pipelines, Culverts, Drainage Structures)
- Traffic Signal Construction (Signal modification/installation, signage)
- Frontage Improvements (Sidewalks, Curb Ramps, Bike Lanes, Curb & Gutter)
- Reinforced Concrete Structures (Bridges, Box Culverts, Retaining Walls)
- Slide Repairs (Landslide, Erosion/Embankment Repairs, Slope Protection, small Retaining Walls)
- Landscaping and Irrigation (Streetscape, Mitigation Planting, Creek Restoration)
- OTHER _____

(Please specify)

<u>Department Use Only</u>		
Date Received:	Date Entered in Database:	Initial:
_____	_____	_____

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