

**LIST OF REGISTERED CONTRACTORS PER PUBLIC CONTRACT CODE SECTION 22034
FOR INFORMAL BIDS**

The La Cañada Unified School District (LCUSD) has adopted the Uniform Construction Cost Accounting Procedure under Public Contract Code §22000 et seq. In accordance with the State of California Uniform Public Construction Cost Accounting Commission, the District is inviting all interested licensed contractors to submit their company for inclusion on LCUSD's List of Registered Contractors Per California Public Contract Code 22034, any Public Works Project that is estimated to be \$175,000 or less is subject to the Informal Bidding Procedures set forth by the State of California Uniform Construction Cost Accounting Commission and only the contractors who submit a complete and valid application and are placed on the District's List of Registered Contractors will be notified of Informal Bid opportunities. All trade categories are subject to Informal Bidding Procedures. Contractors that are interested in being on the District's List of Registered Contractors are required to have a current license and are subject to verification through the Contractors State License Board at all times. If the District determines any information provided on an application is incorrect, incomplete, or false, the District may either reject the application or remove an already admitted contractor from the list at any time.

Contractors must be currently registered with the Department of Industrial Relations (DIR) and meet the requirements of Labor Code section 1725.5 to bid on any District's project and therefore all contractors must provide a current and valid DIR registration number on their applications, where indicated below. Contractors must maintain valid registration with DIR throughout the year. Even if a contractor is placed on the District's List of Registered Contractors, the contractor cannot perform any work on any District project without a current and valid DIR registration. Contractor shall also furnish certified payroll records as required pursuant Labor Code section 1776 directly to the Labor Commissioner in accordance with Labor Code section 1771.4 and in a format prescribed by the Labor Commissioner. By submitting an application to be included on the District's List of Registered Contractors, contractor confirms that it is in compliance with all applicable DIR regulations.

If you or your company would like to be placed on the District's List of Registered Contractors, please complete the Contractor's Information Statement and return it to the District via email to Mperalta@lcsud.net. All contractors are responsible for ensuring their application is received by the District.



Contractor's Information Statement

Name of Firm: _____

Type of Firm: (Check one): Corporation Partnership Sole Proprietorship Joint Venture

Business Address: _____
(PO Box is unacceptable)

Mailing Address: _____
(If different from above)

Telephone Number: _____ Fax: _____

License No(s): _____ License Class: _____ Expiration Date: _____

Name of Qualifying Individual (s): _____

Tax I.D. No: _____ DIR Registration No: _____

Date Business Formed: _____ Date Incorporated: _____

Has there been any recent change in control of company? Yes No. If yes, explain on separate signed page.

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate? Yes No. If yes, explain on page 4.

CORPORATE OFFICERS – PARTNERS – PROPRIETOR – OWNERS – KEY PERSONNEL

NAME	YEARS WITH FIRM	POSITION	% OF OWNERSHIP	SOCIAL SECURITY NUMBER

Have officers or principals of firm ever had their contractor's licenses suspended or revoked? Yes No. If yes, explain on page 4.

Type of work in which company specializes: _____

What was the total amount of work for your most successful year: \$ _____

Number of jobs: _____ Year: _____ Largest Job: \$ _____

List annual gross income for last 3 years:

\$ _____ year _____ ; \$ _____ year _____ ; \$ _____ year _____

PERFORMANCE

1. What size projects do you feel your company can undertake.

Single job: \$ _____ Total jobs company can perform Concurrently \$ _____

Total worth of work in progress and under contract \$ _____

2. NAME OF PRESENT AND PRIOR SURETIES: (List company that issued the performance bond, not agent nor broker)

Company	Address	Largest Bond Value

3. Is your current binding company "California Admitted"? Yes No

4. Has this company ever been unable to obtain a bond or been denied a bond for a contract? Yes No. If yes, explain on page 4.

5. Has this company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss? Yes No. If yes, explain on page 4.

6. Do you have \$1,000,000 or more of Comprehensive General Liability insurance Coverage from an "California Admitted" insurance company rated AS or better by A.M. Best? Yes No. If no, explain on page 4.

7. Has this company ever failed to complete a contract? Yes No. If yes, explain on page 4.

8. Has this company ever performed work directly under contract with any public school districts in California? Yes No. If yes, list projects.

PROJECT TITLE	DATE COMPLETED	CONTRACT AMOUNT	CSMC PROJECT MANAGER

9. Has this company ever failed to complete a school district's contract within the authorized contract time? Yes No. If yes, explain on separate signed page.

10. Has this company ever failed to complete a school district's contract ? Yes No. If yes, explain on page 4.

11. Has this company, an affiliated company, or any owner ever declared bankruptcy? Or been in receivership? Yes No. If yes, explain on page 4.

12. LIST THE THREE LARGEST CONTRACTS COMPLETED IN THE PAST 5 YEARS

OWNER, PERSON TO CONTACT	PHONE NUMBER	TYPE OF WORK	CONTRACT PRICE	YEAR

13. LIST PRINCIPAL SUPPLIERS AND SUBCONTRACTORS

NAME	MATERIAL/SERVICE PROVIDED	STREET ADDRESS	PHONE NUMBER

14. Has your company ever had any arbitration on contracts? Yes No. If yes, explain on page 4.

15. LIST EXPERIENCE RECORD OF STAFF (Attach resumes)

NAME	POSITION	YEARS WITH FIRM	AREAS OF EXPERIENCE	YEARS OF EXPERIENCE

Provide Explanation for those items where explanation is required. Number each item corresponding with the question number.

FINANCIAL INFORMATION

ACCOUNTING

Name of accounting firm: _____ Phone No: _____
How many years has this firm prepared financial statements for you? _____ Tax Returns: _____
Fiscal Year ends: _____ Are taxes, both company & personal current: _____

Basis of preparation of statements: _____ Tax payments: _____
_____ Cash _____ Completed Contracts _____ Cash _____ Completed Contracts
_____ Simple Accrual _____ % of completion _____ Simple Accrual _____ % of completion

BANK

Name of Bank _____ Account Manager _____

Address _____ Phone Number _____

~~Account Numbers: _____~~

Amount of line of credit \$ _____ Amount in use \$ _____

How is line of credit secured: _____ Expiration Date: _____

COMPLETE ONE OF THE FOLLOWING AFFIDAVITS
AFFIDAVIT OF AN INDIVIDUAL FOR A SOLE PROPRIETORSHIP

I, an individual, _____

Doing business as _____

This _____ Day of _____ 20____ at _____
(City and State)

Signature of Applicant _____

PARTNERSHIP AFFIDAVIT

I, a partner of, _____

(Name of Firm)

This _____ Day of _____ 20____ at _____
(City and State)

Signature of Applicant _____

CORPORATION AFFIDAVIT

I, the _____

(Title of corporation officer)

of _____

(Use full corporate name)

This _____ Day of _____ 20____ at _____
(City and State)

Signature of Applicant _____

The submitter of the forgoing statement of experience and financial condition has read the same and it is true to the best of his knowledge. The statement is for the purpose of inducing Castaic Union School District (CUSD) to supply the submitter with plans and specifications and any depository, vendor or other agency named therein is hereby authorized to supply CUSD with any information necessary to verify the statement. Should the foregoing statement at any time cease to properly and truly represent the financial condition of the submitter in any substantial respect, the submitter shall notify CUSD and submit a revised and corrected statement. Attached is a certified copy of the minutes of the corporation indicating that the person whose signature appears above has authority to bind the corporation. For other types of organizations, provide evidence in a form and substance acceptable to CUSD (such as a Power of Attorney) that the person whose signature appears above has the authority to bind the contractor. **By signing the proper affidavit the submitter certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.**

If a corporation, answer this:

~~Capital paid in cash \$ _____~~

When incorporated _____

In what state _____

President's name _____

Vice President's name _____

Secretary's name _____

Treasurer's name _____

If a partnership, answer this:

Date of organization _____

State whether partnership is general, limited or association

Name and address of each partner:

