

**CLARK COUNTY SCHOOL DISTRICT  
PRE-QUALIFICATION APPLICATION FORM**

**Rolling Two Year Period**

<http://ccsd.net/departments/capital-program-office>

(January 2017)

Contractors who wish to bid as **prime contractors** for Clark County School District new school construction, additions, renovation/modernization, and specialty construction (low voltage systems, HVAC, electrical, general engineering, roofing, asbestos/environmental abatement) must complete this Pre-Qualification Application Form and **mail or deliver to: Clark County School District, Capital Program Office, Attn: Contractor Prequalification Panel at 1180 Military Tribute Henderson, NV 89074**. The information provided will be reviewed and the Contractor will be notified in writing of the **Panel's** determination of the Contractor's qualification for future public works projects for **a period up to two years**. If the determination is to deny qualification, the written notice will set forth the reasons for the denial and inform the Contractor of their right to appeal the determination before the Board of School Trustees.

**ORIGINAL SIGNATURES AND INITIALS SHALL BE BY AN OFFICER OF THE COMPANY OR A CORPORATE RESOLUTION AUTHORIZING A PERSON WHO IS NOT AN OFFICER TO SIGN MUST BE INCLUDED IN THE APPLICATION**

One **original** completed Application with all required documents and **three copies** shall be submitted. **PLEASE do not attach cover letters or submit in binders (one clip per copy only). No divider/tab pages or staples please. Place ALL required documents in order using checklist (last two pages of application) behind the application – do not insert between pages of application.**

**PART I - GENERAL INFORMATION**

1. Application Date: \_\_\_\_\_
2. Construction Company Name: \_\_\_\_\_  
**(Corporate and DBA)**
3. (a) Location: (No PO Boxes): \_\_\_\_\_  
*(Address, City, State and Zip)*  
(b) Mailing Address: \_\_\_\_\_  
*(Address and/or PO Box, City, State and Zip)*
4. Contact Name and Title: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. E-Mail Address: \_\_\_\_\_
7. Please indicate each category of project your company is applying for pre-qualification as a Prime Contractor:

**(a) GENERAL BUILDING CONSTRUCTION: (LICENSE CLASSIFICATIONS AB, B, B-2 ONLY)**

- |                             |                         |                            |
|-----------------------------|-------------------------|----------------------------|
| 1. <input type="checkbox"/> | Modernization Projects: | Up to \$100,000            |
| 2. <input type="checkbox"/> | Modernization Projects: | Over \$100,000             |
| 3. <input type="checkbox"/> | New Addition Projects:  | Less than \$20,000,000     |
| 4. <input type="checkbox"/> | New Elementary Schools: | Approximately \$20,000,000 |
| 5. <input type="checkbox"/> | New Middle Schools:     | Approximately \$35,000,000 |
| 6. <input type="checkbox"/> | New High Schools:       | Approximately \$70,000,000 |

**(b) SPECIALTY CONSTRUCTION: INDICATE DOLLAR VALUE REQUESTED**

- |                              |  |          |
|------------------------------|--|----------|
| 7. <input type="checkbox"/>  | Environmental Remediation (Asbestos/Lead/Mold) | \$ _____ |
| 8. <input type="checkbox"/>  | Electrical                                     | \$ _____ |
| 9. <input type="checkbox"/>  | General Engineering                            | \$ _____ |
| 10. <input type="checkbox"/> | HVAC   | \$ _____ |
| 11. <input type="checkbox"/> | Low Voltage Systems (SPECIFY TYPE) _____       | \$ _____ |
| 12. <input type="checkbox"/> | Roofing  | \$ _____ |
| 13. <input type="checkbox"/> | OTHER (PLEASE LIST) _____                      | \$ _____ |
|                              | _____  | \$ _____ |

8. CONTRACTING LICENSE INFORMATION

(a) Attach a current copy (less than 30 days old) of your contracting license information from the Nevada State Contractors Board website <http://www.nvcontractorsboard.com/>. This information can be obtained through one of the “Online Searches”. If applicable, include your written explanation of any disciplinary board action taken by the Nevada State Contractors Board.

(b) List your License classification(s) and monetary limit(s):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(c) Has your license, or another license held by any Principal ever been suspended or revoked by the NV State Contractors Board within the past 5 years?  YES  NO

If YES, attach a written explanation including dates, reason(s). Identify document as “Item 8c”.

9. Asbestos Abatement Contractors – In addition to your Nevada State Contractors’ Board license, provide a copy of your current asbestos contractor license issued by the Nevada Occupational Safety and Health Agency.  N/A

10. Lead-Based Paint Abatement Contractors – In addition to your Nevada State Contractors’ Board license, provide a copy of your firm’s EPA certificate or approval letter for lead-based paint hazard abatement.  N/A

11. Has your firm or any Principal been disciplined or fined by another state or federal agency for conduct that relates to contracting or construction?  YES  NO

If YES, attach a written statement providing details for each instance. Identify document as “Item 11a” and attach to this form.

12. Is your firm a disadvantaged business enterprise (DBE), minority business enterprise (MBE), woman-owned business enterprise (WBE), or a small business enterprise (SBE)?  YES – Type(s): \_\_\_\_\_  NO

If YES, attach a copy of the certificate or letter of certification.

13. Provide a statement from Nevada State Labor Commissioner Office regarding wage violations by your firm or any of its Principals for the previous 5 years. If no claims, please enclose letter from LC indicating no violations.

14. VETERAN OWNER PREFERENCE  N/A

(a) Pursuant NRS 338.1384 to NRS 338.13844, if at least 51% of your local business is owned by a veteran who has at least a zero percent service-connected disability as determined by the United States Department of Veterans Affairs, bids submitted for public works contracts estimated to cost \$100,000 or less, shall be deemed to be 5% lower than the actual bid submitted.

(b) If your firm qualifies for this preference, please provide documentation of service-connected disability of at least zero percent, and provide documentation of percentage of ownership and day-to-day management and operation of the business.

15. SAFETY AND HEALTH

(a) Have you established a written safety program that complies with NRS 618.383?  YES  NO  
(copy is NOT required to be submitted)

(b) Provide name and title of the company person in charge of safety and health. \_\_\_\_\_

(c) Submit printout of OSHA inspection and violation data for previous five calendar years. If no violations, include a printout showing no violations found. This documentation is available from OSHA’s website. Enter your company’s name [“Establishment”] and the search dates [five previous years.]

16. INSURANCE

- (a) Attach certificate(s) of insurance on “ACORD” forms for general and automobile liability insurance. Applicant must obtain and maintain \$1,000,000 coverage for public liability and property damage including personal injury, accidental death and damage to property that may arise in connection with Clark County School District construction projects. **The automobile coverage must cover any/all autos.**
- (b) **\$5,000,000 Excess Liability** insurance coverage is required for contracts of **\$100,000 or more**. If you do not have this excess coverage, provide a letter from insurance agency that the required coverage is available and will be provided if your firm is awarded a contract of **\$100,000 or more**.  N/A
- (c) Attach evidence of Nevada statutory minimum coverage for workers compensation insurance.
- (d) Provide a copy of the “A. M. Best” rating document for each insurer listed on the certificate(s), excluding workers compensation. **The minimum A.M. Best rating for each liability insurance company listed on the certificate shall be: at least A-, Financial Size Category (FSC) at least VIII.**
- (e) Attach a copy of your insurance **agent or agency’s** current license issued by the Nevada Division of Insurance.

17. PAYMENT AND PERFORMANCE BONDS

- (a) **Bonds are mandatory for all projects above \$50,000.** Attach a letter signed by your **SURETY COMPANY’S Attorney-in-fact** of its intent to issue bonds. This letter shall include your **single** and **aggregate** bonding limits. Include a copy of the Power of Attorney for the person signing this letter. **Undated letters will not be considered.**
- (b) List your bonding limit for **both**: Single: \_\_\_\_\_ Aggregate: \_\_\_\_\_
- (c) Attach a copy of your **surety company’s Certificate of Authority** issued by the Nevada Division of Insurance. Clark County School District does not accept reinsurance or coinsurance for bonds.
- (d) Name of your surety/bonding agency: \_\_\_\_\_  
Attach a copy of your surety company’s **agent or agency’s** current license issued by the Nevada Division of Insurance.
- (e) Provide proof that your surety company is listed/approved by the U.S. Department of the Treasury. Provide a current, less than 30 days old, copy of the page that lists your surety from Department Circular 570. This listing can be accessed at: [http://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570\\_a-z.htm](http://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm) .
- (f) Provide a statement from your surety company (not the agent) regarding any claims filed against your company. The surety company shall certify a list of all such claims. **If your surety company has been doing business with your company less than 3 years, provide this information from both your current and previous surety companies.** **OR** submit a letter verifying no claims exist.

INITIALED  
BY OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**End of PART I – General Information**

**PART II – SECTION A  
“COMPLETED PROJECTS”**

Complete this Part II – Section A form, **one per project, for a minimum of 3 projects but not more than 5 that your company has successfully completed within the last 5 years. Failure to answer all questions will delay review of your application. This form must be filled out for each project (duplicate as necessary). Do not attach a list of projects.**

1. Name of the Project: \_\_\_\_\_
2. Address of the Project, include City, State and Zip: \_\_\_\_\_
3. Contact Name of the Project's Owner: \_\_\_\_\_
4. Address of the Project's Owner, include City, State and Zip: \_\_\_\_\_
5. Phone Number of the Project's Owner: \_\_\_\_\_
6. Was this project a: Negotiated Bid  or a Competitive Bid
7. Were you the general or prime contractor?  YES  NO
8. Did this project require Payment and Performance Bonds?  YES  NO
9. Building Square Footage of the Project: \_\_\_\_\_
10. List the scope of work your company was directly responsible for and performed on this project. **As applicable for your license classification, list the type of building construction per IBC (International Building Code) classifications, type of mechanical system, type of electrical system, abatement type, roof systems, and type of general engineering, etc.**  
 \_\_\_\_\_  
 \_\_\_\_\_
11. List the dollar amount **your** company was contracted for on this project: \_\_\_\_\_
12. Original Contract Duration in Calendar Days: \_\_\_\_\_
13. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
14. Actual Substantial Completion Date: \_\_\_\_\_ Final Completion Date: \_\_\_\_\_
15. Was the project late?  YES (If yes, Section C and/or D must be completed)  NO
16. Did your contract contain liquidated damages or penalty clauses?  YES  NO
17. If yes, were damages/penalties assessed?  YES  NO
18. If yes, in what amount? \_\_\_\_\_

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_

*DATE:* \_\_\_\_\_

End of PART II – SECTION A

**PART II – SECTION B  
“PROJECTS IN PROGRESS”**

Complete this Part II – Section B form, **one per project, for a minimum of 3 projects but not more than 5** that your company has in progress. Failure to answer all questions will delay review of your application. **This form must be filled out for each project (duplicate as necessary). Do not attach a list of projects.**

1. Name of the Project: \_\_\_\_\_
2. Address of the Project, include City, State and Zip: \_\_\_\_\_
3. Contact Name of the Project's Owner: \_\_\_\_\_
4. Address of the Project's Owner, include City, State and Zip: \_\_\_\_\_
5. Phone Number of the Project's Owner: \_\_\_\_\_
6. Is this project a:                    Negotiated Bid     or    Competitive Bid
7. Are you the general or prime contractor?                     YES                     NO
8. Did this project require Payment and Performance Bonds?     YES                     NO
9. Building Square Footage, size of system, or area/quantity of the Project: \_\_\_\_\_
10. List the scope of work **your** company is directly responsible for and is performing on this project. **As applicable for your license classification, list the type of building construction per IBC (International Building Code) classifications, type of mechanical system, type of electrical system, abatement type, roof systems, and type of general engineering, etc.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List the dollar amount **your** company was contracted for on this project: \_\_\_\_\_
12. Original Contract Duration in Calendar Days: \_\_\_\_\_
13. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
14. Projected Final Completion Date: \_\_\_\_\_
15. Is this project on schedule?                     YES                     NO
16. Does your contract contain a liquidated damages or penalty clause?     YES                     NO

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

End of PART II – SECTION B

**PART II – SECTION C**  
**“SUBSTANTIAL COMPLETION INFORMATION”**

Complete this Part II – Section C form, **one per project**, for any and all contracts, or subcontracts, your company was awarded but **failed to achieve Substantial Completion** within the scheduled contract time **during the last 5 years**. Failure to answer all questions will delay review of your application. **This form must be filled out for each project (duplicate as necessary).**

1. Name of the Project: \_\_\_\_\_
2. List the dollar amount **your** company was contracted for on this project: \_\_\_\_\_
3. Original Contract Duration in Calendar Days: \_\_\_\_\_
4. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
5. Actual Substantial Completion Date: \_\_\_\_\_
6. How late was this project: \_\_\_\_\_
7. Provide explanation as to why this project was late. \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Did your contract contain liquidated damages or penalty clauses?       YES       NO
9. If yes, were damages/penalties assessed.       YES       NO
10. If yes, in what amount? \_\_\_\_\_

**This Section not applicable:**

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

End of PART II – SECTION C

**PART II – SECTION D**  
**“FINAL COMPLETION INFORMATION”**

Complete this Part II – Section D form, **one per project**, for any and all contracts, or subcontracts, your company was awarded but failed to achieve **Final Completion** within 180 calendar days of the Substantial Completion Date **for the last 5 years**. Failure to answer all questions will delay review of your application. **This form must be filled out for each project (duplicate as necessary)**..

1. Name of the Project: \_\_\_\_\_
2. List the dollar amount **your** company was contracted for on this project: \_\_\_\_\_
3. Original Contract Duration in Calendar Days: \_\_\_\_\_
4. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
5. Final Completion Date: \_\_\_\_\_
6. How late was this project? \_\_\_\_\_
7. Provide explanation as to why this project was late. \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
8. Did your contract contain liquidated damages or penalty clauses?       YES       NO
9. If yes, were damages/penalties assessed?       YES       NO
10. If yes, in what amount? \_\_\_\_\_

**This Section not applicable:**

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

End of PART II – SECTION D

**PART II – SECTION E**  
**“FAILURE TO CARRY OUT THE WORK”**

Complete this Part II – Section E form, **one per project**, for any and all projects where your company **failed** to perform any portion of the Work that caused the Owner or Others, (i.e., the surety company, local public works board, etc.) to exercise its right to carry out the Work of a contract **during the last five years**. Failure to answer all questions will delay review of your application. **This form must be filled out for each project (duplicate as necessary).**

1. Name of the Project: \_\_\_\_\_
2. Address of the Project, include City, State and Zip: \_\_\_\_\_
3. Contact Name of the Project's Owner: \_\_\_\_\_
4. Address of the Project's Owner, include City, State and Zip: \_\_\_\_\_  
\_\_\_\_\_
5. Phone Number of the Project's Owner: \_\_\_\_\_
6. Building Square Footage of the Project: \_\_\_\_\_
7. List the scope of work your company was directly responsible for on this project. **As applicable for your license classification, list the type of building construction per IBC (International Building Code) classifications, type of mechanical system, type of electrical system, abatement type, roof systems, and type of general engineering, etc.**  
  
\_\_\_\_\_
8. List the dollar amount **your** company was contracted for on this project: \_\_\_\_\_
9. List the portion or portions of work that was performed by the Owner or Others: \_\_\_\_\_
10. Provide explanation as to why this work was performed by the Owner or Others: \_\_\_\_\_  
\_\_\_\_\_
11. List the reason for the breach of contract: \_\_\_\_\_  
\_\_\_\_\_
12. Original Contract Duration in Calendar Days: \_\_\_\_\_
13. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
14. Actual Substantial Completion Date: \_\_\_\_\_
15. Final Completion Date: \_\_\_\_\_
16. Did your contract contain liquidated damages or penalty clauses?     YES             NO
17. If yes, were damages/penalties assessed.                                     YES             NO
18. If yes, in what amount? \_\_\_\_\_

**This Section not applicable:**

*INITIALED*

*BY OFFICER:* \_\_\_\_\_

*DATE:* \_\_\_\_\_

End of PART II – SECTION E



**PART II - SECTION F**  
**“JUDGMENTS, LIENS, BREACHES OF CONTRACT”**

The extent of and circumstances surrounding any breach of contract will be considered in the determination of your company’s qualification. Complete this Part II – Section F form, **one per project**, to list any and all information regarding any breach of contract for any reason by your company, including judgments, liens, arbitrations, mediation, and decisions for the past five years. Failure to disclose information regarding any breach of contract may be grounds for disqualification. Indicate disposition or current status. Failure to answer all questions will delay review of your application. **This form must be filled out for each project (duplicate as necessary).**

1. Name of the Project: \_\_\_\_\_
2. Address of the Project, include City, State and Zip: \_\_\_\_\_
3. Contact Name of the Project's Owner: \_\_\_\_\_
4. Address of the Project's Owner, include City, State and Zip: \_\_\_\_\_  
\_\_\_\_\_
5. Phone Number of the Project's Owner: \_\_\_\_\_
6. Building Square Footage of the Project: \_\_\_\_\_
7. List the nature of the filing: \_\_\_\_\_
8. List the status of this lien: \_\_\_\_\_
9. List the final judgment: \_\_\_\_\_
10. Court where this lien/judgment filed: \_\_\_\_\_
11. List the dollar amount of this filing: \_\_\_\_\_
12. Original Contract Duration in Calendar Days: \_\_\_\_\_
13. Notice to Proceed Date: \_\_\_\_\_ Contract Substantial Completion Date: \_\_\_\_\_
14. Actual Substantial Completion Date: \_\_\_\_\_
15. Final Completion Date: \_\_\_\_\_

**This Section not applicable:**

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

End of PART II – SECTION F

**PART II – SECTION G  
“BANKRUPTCY”**

Complete this Part II – Section G form, **one per filing**, for any and all filings under the United States Bankruptcy Code, assignments for the benefit of creditors, or other measures taken for protection against creditors in the previous five years by your company. Indicate disposition or current status. Failure to answer all questions will delay review of your application.

1. Date of Filing: \_\_\_\_\_
2. Bankruptcy Code/and Name: \_\_\_\_\_
3. This bankruptcy was filed as (check box):     Chapter 7,         Chapter 11,         Chapter 13
4. List the State, County and City where bankruptcy was filed: \_\_\_\_\_  
\_\_\_\_\_
5. List assignments for creditors, name(s) and amount(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List any other measures taken for protection against creditors: \_\_\_\_\_  
\_\_\_\_\_

**This Section not applicable:**

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_                      *DATE:* \_\_\_\_\_

End of PART II – SECTION G

**PART III - PRINCIPAL PERSONNEL**

The Clark County School District requires information regarding your company’s Principal personnel. Principal personnel are defined as the owners of the company, the Chief Executive Officer, the Chief Operations Officer, the Chief Financial Officer, LLC Managing Partners, *any officer listed on the contractor’s license*, and the Qualified Individual listed on the contractor’s license. **Applicant MUST complete a Part III form and provide a resume for all principal personnel. Duplicate this form as necessary.** Failure to answer all questions will delay review of your application.

Please note that at the time of a specific project pre-bid conference and a specific project pre-construction conference, the Owner shall require additional information regarding specific project personnel that include the project manager and project superintendent(s).

1. **Attach an organization chart of the company as it applies to local operations.**
2. Name of principal or corporate member: \_\_\_\_\_
3. Title/position: \_\_\_\_\_
4. Number of years this person has been with the company: \_\_\_\_\_
5. **Attach a resume for this person.**
6. List any criminal or civil judgments against this person: \_\_\_\_\_  
\_\_\_\_\_
7. List any records of any principal personnel violating local, state, and federal discrimination, wage and hour, disability, and occupational and environmental health and safety laws, and/or local and state labor relations and employment laws.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

*I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.*

*Certified by:*  
*PRINT NAME:* \_\_\_\_\_ *TITLE:* \_\_\_\_\_  
*OFFICER'S*  
*SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

End of PART III - PRINCIPAL PERSONNEL

**PART IV - PRIOR DISQUALIFICATION FROM CONTRACT AWARD**

1. List any and all information regarding any prior disqualification by your company pursuant to NRS 338.017 and NRS 338.13895. The State Contractors Board and the State Labor Commissioner will be asked to verify this information. (Use additional sheets if required.)

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**This Section not applicable:**

*INITIALED*  
*BY OFFICER:* \_\_\_\_\_

*DATE:* \_\_\_\_\_

End of PART IV - PRIOR DISQUALIFICATION FROM CONTRACT AWARD

PART V – ACKNOWLEDGEMENTS AND CERTIFICATION OF APPLICATION

**The applicant acknowledges by initialing the following:**

- **Initial: \_\_\_\_\_** Failure to provide any portion of the required information listed may be cause for the applicant to be deemed non-responsive and deemed not qualified.
- **Initial: \_\_\_\_\_** The applicant may be deemed not qualified to bid based upon the evaluation of the information provided.
- **Initial: \_\_\_\_\_** The Owner will verify information provided, including requesting appropriate local, state, and federal entities to provide information regarding judgments, liens, and records of violations of applicable local, state, and federal laws.

**CERTIFICATION**

*I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.*

Certified by:  
PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICER'S  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

End of PART V - ACKNOWLEDGEMENTS AND CERTIFICATION OF APPLICATION

END OF APPLICATION

## DOCUMENT SUBMISSIONS CHECKLIST

**PLEASE attach all required documents behind this page in order as follows:**

### **PART I**

#### **General**

*Refer to #8(a)*

- Current copy (**less than 30 days old**) of your contracting license from the NSCB. If applicable, written explanation of any disciplinary board action taken by the NSCB

*Refer to #8(c) – If Applicable*

- Written explanation of license suspension/revocation by NSCB. Identify document as “Item 8c”

*Refer to #9 – If Applicable*

- Asbestos Abatement Contractors – Nevada State Contractors’ Board license, **and**
- Current Asbestos Contractor License issued by the Nevada OSHA

*Refer to #10 – If Applicable*

- Lead-Based Paint Abatement Contractors – Nevada State Contractors’ Board license, **and**
- Current copy of your firm’s EPA certificate or approval letter for lead-based paint hazard abatement

*Refer to #11 – If Applicable*

- Written explanation of discipline/fines by another state or federal agency. Identify document as “Item 11a”

*Refer to #12 – If Applicable*

- Certificate copy or letter of certification for Disadvantaged business enterprise (DBE), minority business enterprise (MBE), woman-owned business enterprise (WBE), or a small business enterprise (SBE)

*Refer to #13*

- Statement from Nevada State Labor Commissioner Office regarding wage violations by your firm or any of its Principals for the previous 5 years **OR** a letter verifying no violations

*Refer to #14(b) – If applicable*

- Copy of service-connected disability documentation of at least 0% **and**
- Percentage of ownership documentation

*Refer to 15(c)*

- Printout of OSHA inspection and violation data for previous five years even if you have had no violations

#### **Insurance**

*Refer to #16(a)*

- General and Automobile Liability Insurance in the amount of \$1,000,000 each

*Refer to #16(b)*

- Excess Liability Insurance in the amount of \$5,000,000 **or** letter from insurance agency

*Refer to #16(c)*

- Evidence of Nevada statutory minimum coverage for Workers Compensation Insurance

*Refer to 16(d)*

- Copy of “A. M. Best” rating document for each insurer listed on the certificate(s)

*Refer to 16(e)*

- Copy of your insurance agent or agency’s current license issued by the Nevada Division of Insurance

## **Surety**

### *Refer to 17(a)*

- Letter signed by surety company's Attorney-in-fact of its intent to issue bonds
- Power of Attorney for the person signing this letter

### *Refer to 17(c)*

- Copy of your surety company's Certificate of Authority issued by the Nevada Division of Insurance

### *Refer to 17(d)*

- Copy of your surety company's agent or agency's current license issued by the Nevada Division of Insurance

### *Refer to 17(e)*

- Copy (less than 30 days old) of the page that lists your surety from Department Circular 570

### *Refer to 17(f)*

- Statement from your surety company (not the agent) regarding any claims filed against your company. If current surety company has been doing business with your company less than 3 years, provide this information from previous and current surety companies **OR** submit a letter verifying no claims exist

## **PART II**

### **Section A**

- Attach 3-5 "Completed Projects" sheets

### **Section B**

- Attach 3-5 "Projects In Progress" sheets

### **Sections C - G**

- All sheets initialed and filled out or "This Section not applicable" box checked

## **PART III**

- Principal Personnel forms **and** resumes attached
- Organization Chart (Local Operations) attached

## **PART IV**

- Sheet initialed and filled out or "This Section not applicable" box checked

## **PART V**

- Top three lines initialed, Name/Title Printed, Officer's Signature and date.

### **REMINDER:**

Fill out application completely. Attach all required documentation to the back, in order as requested. Only a binder clip is necessary for one original and three copies. **DO NOT** put into a binder, hole-punch, add divider pages, or tabs. No cover letter is necessary. **PLEASE – NO STAPLES.** If you have any questions concerning this application, please call (702) 799-8710 x. 5219.

**Thank you for your interest in CCSD.**