

WEST KERN WATER DISTRICT

Qualifications for Bidders List

You're 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 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)

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

4. Bondable **YES** _____ **NO** _____ Limit _____

5. You must have the following insurance:

General Liability	\$ 1,000,000
Automobile Liability- combined single limit	\$ 1,000,000
Workers' Compensation	\$ 1,000,000

A Certificate Holder

West Kern Water District

P.O. Box 1105

Taft, CA 93268-1105

Signature _____

Title _____

Date _____