

# KOOCHICHING COUNTY CONTRACTOR APPLICATION

This form is to be used to provide various Contracted services as Timber Auction Bidder(Contractor) Registration and Affidavit of Compliance for Timber Sale Harvests.

## PART 1 -- GENERAL INFORMATION

### 1.1 Business Information

<b>Business Name</b>			
<b>If doing Business as an INDIVIDUAL:</b>	PRINT - First Name/Middle Initial/Last Name	<b>Date of Birth:</b>	
<b>Address</b>			
<b>City</b>		<b>MN Tax ID #</b>	
<b>State</b>	<b>Zip</b>	<b>Federal Tax ID #</b>	
<b>Employees:</b>	# FULL TIME EQUIVALENT employees listed on your Annual Payroll:		

### 1.2 Business Contacts

<b>Primary Contact:</b>		<b>Alternate Contact:</b>	
<b>Office Phone</b>		<b>Office Phone</b>	
<b>Fax</b>		<b>Fax</b>	
<b>Cellular</b>		<b>Cellular</b>	
<b>Shop Phone</b>		<b>Shop Phone</b>	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>E-mail</b>		<b>E-mail</b>	

### 1.3 Contractor Services

Describe services provided by your company (check all that apply). Append relevant descriptive information as appropriate.

<input type="checkbox"/>	<b>Timber Harvest</b>	<input type="checkbox"/>	<b>Tree Planting</b>	<input type="checkbox"/>	<b>Structure Demolition</b>
<input type="checkbox"/>	<b>Precommercial Thinning</b>	<input type="checkbox"/>	<b>Fertilizer Application</b>	<input type="checkbox"/>	<b>Chemical Application</b>
<input type="checkbox"/>	<b>Earth Work</b>	<input type="checkbox"/>	<b>Site Preparation</b>	<input type="checkbox"/>	<b>Road Maint/Construction</b>
<input type="checkbox"/>	<b>Pest Management</b>	<input type="checkbox"/>	<b>Forest Inventory (Cruising)</b>	<input type="checkbox"/>	<b>Gravel Hauling/Extraction</b>
<b>Other Services (or comments):</b>					

## PART 2 -- CAPABILITY and EXPERIENCE

### 2.1 Experience

To evidence your record of offering certain types of contracted work, **you may be required** to: provide details of clients and services which were provided, 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 to include Client, Location, Services, Duration, Scope and type of activity.

## 2.2 Resources Available

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


## **PART 3 -- CREDENTIALS and QUALIFICATIONS**

### 3.1 Licenses and Permits

Contractor will **supply, when requested** relevant to the services provided, a separate list describing licenses and permits which are required to perform that service.

### 3.2 Certificates and Accreditations

Contractor **will supply, when requested** relevant to the services provided, a separate list describing certifications, registrations, accreditations or other credentials held by the company or its employees related to the services provided.

### 3.3 Industry or Professional Affiliations

Use the form below or append a separate list describing the industry or professional associations of which your company is a member.

Industry Association	Membership Type

## **PART 4 -- Migrant and Seasonal Workers (Where Applicable and only where requested)**

### 4.1 Required Documentation

You may be requested, at the time contract is signed, to supply: Crew roster(s); 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; and copy of Certificate of Insurance.

## **PART 5 -- OTHER QUALIFICATIONS (Per MN Statutes: 90.145(1))**

### 5.1 Safety, Insurance

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

---Comply with General Safety standards.

---Comply with mandatory insurance requirements of MN Statutes 175 (Workers Compensation Laws).

---Comply with Koochiching County Insurance requirements. **Must have General and Vehicle Liability Coverage.** You may be required to submit Certificate of Insurance prior to start of activity. [Insurance waiver may be granted due to size and scope of contract, i.e. Park Site Maintenance].

**5.2 Logger Education Training -- Prior to Timber Harvest**

Purchaser must certify that he/she, their foreperson or other designated employee has completed MLEP, FISTA, or other related training, or has such training scheduled [give time frame below].

Name	Date	Type of Training

**5.3 Timber Harvest Bidding**

In addition to **REGULAR** Auction Bidding: (check if yes)

\_\_\_\_\_ Yes, I wish to Bid on **INTERMEDIATE** Auction and I certify that I understand Intermediate Auction bidding restrictions [see Auction Regulations] and am a qualified bidder.

**PART 6 -- ANNUAL COMPLIANCE**

I Certify that I (we) understand and acknowledge that it is my responsibility to know, understand, and comply with Koochiching County Contractor/Responsible Operator requirements and Timber Sale Policy and Bidder Requirements (when seeking Timber purchase) and all prescribed regulations. 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. When bidding on timber auctions, bidding will be done in accordance with all Koochiching County regulations which include making payment of all outstanding overruns prior to bidding and NOT be in any default status with another County or the State.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Owner/Authorized Representative

Please return this signed and completed Contractor Application to:

Koochiching County Land and Forestry  
 715 4th Street, Courthouse  
 International Falls, MN 56649

Phone (218) 283-1127

[OPERATOR NUMBER (County Office Use Only): \_\_\_\_\_; Effective for the Year \_\_\_\_\_ ]

### **Intermediate Auction Bidder Qualifications:**

- Bidding is limited to logging operations (logging businesses or forest products mills) with **30** or less FTE employees. (1 FTE means 1 Full Time Equivalent which is equal to 2080 hrs per year).
- A logging business will operate on their permit(s) at all times when it is active during the term of their permits. Permits cannot be assigned; there are no other restrictions regarding hiring of equipment, operators, operations, etc. Limited presence will be allowed on permits in the case where a qualifying mill without logging equipment is the permit holder.
- Intermediate tracts are non-transferable.
- Trucking businesses and/or wood brokers/buyers do not qualify to purchase Intermediate tracts unless they have the equipment and ability to independently log the purchased permit and intend to be the main harvest operation on that permit.

In addition to the above Bidder Qualifications, every bidder should familiarize themselves with the actual Intermediate bidding process and maximum number of tracts allowed in possession. This is stated on the Timber Auction cover.

# Certificate of Exemption

**Purchaser:** Complete this certificate and **give it to the seller.**

**Seller:** If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

- Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.
- If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:  
 Exempt entity name \_\_\_\_\_ Project description \_\_\_\_\_

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

**Type of business.**

Type of business	<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
	<input checked="" type="checkbox"/> 02 Agricultural, <u>forestry</u> , fishing, hunting	<input type="checkbox"/> 12 Utilities
	<input type="checkbox"/> 03 Construction	<input type="checkbox"/> 13 Wholesale trade
	<input type="checkbox"/> 04 Finance and insurance	<input type="checkbox"/> 14 Business services
	<input type="checkbox"/> 05 Information, publishing and communications	<input type="checkbox"/> 15 Professional services
	<input type="checkbox"/> 06 Manufacturing	<input type="checkbox"/> 16 Education and health-care services
	<input type="checkbox"/> 07 Mining	<input type="checkbox"/> 17 Nonprofit organization
	<input type="checkbox"/> 08 Real estate	<input checked="" type="checkbox"/> 18 Government
	<input type="checkbox"/> 09 Rental and leasing	<input type="checkbox"/> 19 Not a business (explain) _____
	<input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 20 Other (explain) _____

**Reason for exemption.**

Reason for exemption	<input type="checkbox"/> A Federal government (department) _____	<input type="checkbox"/> J Agricultural production
	<input type="checkbox"/> B Specific government exemption (from list on back) _____	<input type="checkbox"/> K Industrial production/manufacturing
	<input type="checkbox"/> C Tribal government (name) _____	<input type="checkbox"/> L Direct pay authorization
	<input type="checkbox"/> D Foreign diplomat # _____	<input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically)
	<input type="checkbox"/> E Charitable organization # _____	<input type="checkbox"/> N Direct mail
	<input type="checkbox"/> F Educational organization # _____	<input type="checkbox"/> O Other (enter number from back page) _____
	<input type="checkbox"/> G Religious organization # _____	<input type="checkbox"/> P Percentage exemption
	<input checked="" type="checkbox"/> H Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	<input type="checkbox"/> I Capital Equipment	<input type="checkbox"/> Utilities (enter percentage) _____ %
		<input type="checkbox"/> Electricity (enter percentage) _____ %

**Sign here**

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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