



DECATUR UTILITIES  
 PO BOX 2232  
 DECATUR, AL 35609  
 (256) 552-1440 phone  
 (256) 552-1412 fax

**BIDDER LIST APPLICATION**

INSTRUCTIONS: Please provide all information requested. You may attach any brochures that best describe your product or service.  
 PLEASE PRINT OR TYPE

\_\_\_\_\_  
 Name of Company or Applicant if Individual

\_\_\_\_\_  
 Federal ID Number or Social Security Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip

(\_\_\_\_) \_\_\_\_\_  
 Phone Number Fax Number

\_\_\_\_\_  
 If Incorporated, Indicate in Which State

\_\_\_\_\_  
 Remittance Address

\_\_\_\_\_  
 City State Zip

Billing Contact: \_\_\_\_\_  
 Payment Terms \_\_\_\_\_

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Email Address

(\_\_\_\_) \_\_\_\_\_  
 Telephone Number

(\_\_\_\_) \_\_\_\_\_  
 Fax Number

PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (IF AGENT, SO SPECIFY)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Official Capacity

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Official Capacity

City of Decatur Business License # \_\_\_\_\_

State of Alabama Business License # \_\_\_\_\_

CATEGORY (Check below the category which applies to the applicant)

Manufacturer  Retailer  Wholesaler  Service  Construction  Consulting  Other (Specify) \_\_\_\_\_

List goods or services you would be interested in bidding on: \_\_\_\_\_  
 \_\_\_\_\_

List last 5 similar projects completed, approximate cost, contacts and phone numbers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List projects presently under construction with percentage complete and estimated construction costs:

---

---

---

Number of Employees: \_\_\_\_\_ Do you shut down for vacations? \_\_\_ Yes \_\_\_ No

Normal vacation schedule: \_\_\_\_\_

What is the OSHA accident rate and frequency rate for your company for the current year? \_\_\_\_\_

For last year? \_\_\_\_\_ For the previous year? \_\_\_\_\_

**FINANCIAL DATA**

Annual dollar volume (each of last three years)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please attach an audited or reviewed financial report (including accountant's opinion letter) from the most recent year for your firm.

What is your bonding capacity? \_\_\_\_\_

Name(s) of company(s) which would furnish required bonds and insurance for this project: \_\_\_\_\_

**Additional Information needed**

Letters of good standing from you:

- Your bonding company
- Your material supplier(s)
- Your equipment Suppliers
- Your financial institution

Resumes of key personnel to be assigned to this project

List of general equipment proposed for use on this utility project

Completed W9 Form

Updated Certificate of Insurance showing:

- General Liability \$1,000,000 per occurrence, \$2,000,000 aggregate
- Auto Liability \$1,000,000 per occurrence
- Workers Comp \$500,000 minimum

---

*I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.*

\_\_\_\_\_  
Signature of Person Authorized to Sign this Application

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Name and Title of Person Signing (Please Type or Print)

FOR DU USE ONLY:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_