



**HIWASSEE RIVER WATERSHED COALITION, INC**

1853 NC Highway 141

Murphy, NC 28906

828-837-5414

http://www.hrwc.net

**CONTRACTOR QUALIFICATION FORM**

Business Name \_\_\_\_\_

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

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

Business Phone \_\_\_\_\_ Cell or Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Primary Company Business Activity \_\_\_\_\_ Yrs in Business \_\_\_\_\_

NC General Contractor's License Number (if applicable): \_\_\_\_\_

**INSURANCE:**

General Liability

Workman's Compensation

Name \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_

Policy No \_\_\_\_\_ Expires \_\_\_\_\_

Policy No \_\_\_\_\_ Expires \_\_\_\_\_

Vehicle Collision & Liability

Name \_\_\_\_\_

Address \_\_\_\_\_

Agency \_\_\_\_\_

Policy No \_\_\_\_\_ Expires \_\_\_\_\_

All equipment and vehicles used on Hiwassee River Watershed Coalition projects must be insured. HRWC will not be liable for any stolen or damaged equipment and vehicles while in use associated with a restoration project.

*For office use only: Check box  above if on file*

**EQUIPMENT** (please list only equipment you own):

Type of Equipment	Year/Model	Condition

**REFERENCES** [This section is only required for heavy equipment operators]:

The Hiwassee River Watershed Coalition’s policy is use construction contractors with prior stream restoration experience. Please provide references for recent (within the past 5 years) in-stream or bank restoration jobs. These references will be checked in order to qualify you or your company for trackhoe work.

Job Description	Contact Name	Phone Number
1. _____		
2. _____		
3. _____		

**RESIDENCY:**

HRWC gives *preference* to equipment operators whose primary residence lies within Cherokee and Clay counties, NC because funds are obtained from the NC Clean Water Management Trust Fund for work in the Hiwassee River basin. Secondary preference is given to operators from the immediate surrounding counties in NC: Graham, Swain and Macon. Please indicate the residency of the equipment operator and provide any comments that you would like to make in the space below:

**AUTHORIZATION:**

\_\_\_\_\_ Date \_\_\_\_\_  
[Executive Officer or Owner]