BIDDERS QUALIFICATION FORM FOR SPECIALIZED FOREST PRODUCTS LEASE

Date: _____

General Information:

Company Name: _____

Authorized Company Representative _____

Mailing Address _____

City, State and Zip Code _____

Telephone Number _____ Email Address _____

Business Type (Corp., LLC, Sole Proprietor, etc.) _____

UBI # _____ TIN/FTIN #_____

Brush, Bough or Christmas Tree (Non-Plantation) Lease: A qualified bidder for a special forest products lease must be licensed to do business in the State of Washington and have two (2) years of work experience in harvesting, knowledge of handling and marketing of special forest products. References attesting to this experience are required from warehouses, processors, buyers, or other appropriate local businesses unless the interested bidder has established their qualification as the holder of a previous State special forest products lease.
(PLEASE CHECK ONE)

☐ Existing or previous lessee of a State special forest products lease

(Please provide a lease number_____)

OR

☐ References attached (Two required)

Bidders Statement: A statement of the bidders' ability to carry out the proposed operation, including payment of rent and obtaining qualifying insurance.

'I certify that all information provided on this form is accurate and true, that I am qualified to bid on a State specialized forest products lease, and if awarded, I will provide annual rent payments, other required payment and performance bonds, required certificate(s) of insurance and other documentation as requested'.

_____
Signature

_____
Name and phone number of your company's financial institution

_____
Name and phone number of your company's liability insurance provider