Attn: Prospective Bidders

This questionnaire is being provided to all contractors currently on or wishing to be on the Southern Marin Fire Protection District’s bidders’ list. To be added to or remain on the bidders’ list, please take a moment to complete all fields in this brief questionnaire. Your completion of this form will assist us in ensuring our database is updated with the most current information. Failure to respond may prevent you from receiving BID NOTICES and/or REQUESTS FOR PROPOSALS and updates regarding projects.

Firm’s Name: ____________________________________________________________
Address: __________________________________________________________________________
City, State, Zip: ______________________________________________________________________
County: __________________________________________________________________________
Telephone #: (    )___________________ Fax #: (    )___________________
Contact person’s name: ______________________________________________________________________
Contact person’s email address: ______________________________________________________________________
For contractors, License #: ______________________________________________________________________
License classification(s): ______________________________________________________________________
Disadvantaged Business Enterprise? If yes, certification number: ______________________________________________________________________
Date Business Established: ______________________________________________________________________
Annual Gross Receipts: ______________________________________________________________________
Contractors and Consultants, briefly note types of services provided:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

In order to be considered for this list, you must have a current CA state contractor’s license, be bonded and carry workers’ compensation insurance.

You may send your completed questionnaire by email to kpasquale@smfd.org or by mail to SMFD 308 Reed Blvd., Mill Valley, CA 94941 or by fax, (415) 388-8181

Sincerely,
Battalion Chief Kai Pasquale