



**APPLICATION FOR QUALIFIED CONTRACTOR'S LIST
PER PUBLIC CONTRACTS CODE § 22032**

Full Name			Date	
Address				
Phone Number	()	Fax Number	()	
Email	@			
Name of Business				
Address (if different from above)				
Phone Number	()	Fax Number	()	
Email	@			
State of California Contractor's License Number			Expiration Date	
Classifications				
Insurance Provider (agent)				

The City of Ukiah requires that contractor(s) shall procure and maintain for the **duration of any contract** with the City of Ukiah insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work required.

Insurance forms and specific requirements are attached for your reference; please check with your agent to ensure your policy meets our requirements. These documents are not required until the contract is approved.

Mail, Fax, or Email completed form to: CITY OF UKIAH
 Attn: City Clerk
 300 Seminary Avenue
 Ukiah, CA 95482
 FAX: 707-463-6204
 klawler@cityofukiah.com