

RESPONSIBLE OPERATOR APPLICATION FORM

NEW APPLICANTS

Date:	
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The St. Louis County Land and Minerals Department has established a Responsible Operator List. A company or person must be on the Responsible Operators List in order to:

- bid on a contract with the Land and Minerals Department
- hold a contract with the Land and Minerals Department
- work on St. Louis County tax forfeited lands

Any company or person may apply to be on the Responsible Operator List and applications can be submitted to:

St. Louis County Land and Minerals Department
 Government Services Center
 320 West 2nd Street, Suite 302
 Duluth Minnesota, 55802

Phone – 218-726-2606
 Fax – 218-726-2600

Part 1 General Information

1.1 Business Information

Business Name			
Address			
City			
State		Zip	

1.2 Company Contacts

Primary Contact:		Alternate Contact:	
Home Phone		Home Phone	
Office Phone		Office Phone	
Shop Phone		Shop Phone	
Cellular		Cellular	
Fax		Fax	
E-Mail		E-Mail	

1.3 Field Operator Services

Instructions: Describe services provided by you or your company
 (Attach relevant promotional or descriptive information as appropriate).

	Trucking		Harvesting		Tree Planting		Decorative Products
	Road Maintenance		Pre-comm. Thin.		Site Preparation		TSI – Hand release
	Road Construction				Pesticide Appl.		Pest Management
	Gravel Extraction						
Other Services:							

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PART 2

Field Operator Capability and Experience

Instructions: Use the form below or attach a separate list describing services provided in the past three years for other clients or for St. Louis County. Provide detail on:

Who - organization, company to whom the services were provided

Services Provided- what services were provided from list in Part 1 above

Date/ Duration - what length of time did you provide these services to this organization
(years, months)

Location - where did the work occur

References - contact details of references that can describe your work and performance

Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:
Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:
Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:
Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:
Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:
Who	
Services Provided:	
Date/Duration:	Location of Services
Contact Name(s):	Phone Number:

Please indicate the scope and scale of your operation:

Number of employees	
Average Number of Contracts per year	
Average Size of Contract (volume, area, cost depending on the type of service)	

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**Part 3
Field Operator Qualifications**

3.1 Licenses, Permits and Approvals

Instructions: Use the form below or attach a separate list describing permits, licenses and approvals relevant to the services you or your company provides.

If the permit/license is held by an employee or employees please provide the names of the employee(s)

Attach a copy of relevant permits i.e., herbicide, fuel transport, registration.

Permit/License Description:	
Issued To:	Issued By:
Permit/License #	Expiration Date
Permit/License Description:	
Issued To:	Issued By:
Permit/License #	Expiration Date
Permit/License Description:	
Issued To:	Issued By:
Permit/License #	Expiration Date
Permit/License Description:	
Issued To:	Issued By:
Permit/License #	Expiration Date

Per The Sustainable Forestry Initiative 2022 Forest Management Standard

Objective 13.2 Certified Organizations shall work individually and/or through cooperative efforts involving *SFI Implementation Committees*, logging or forestry associations, or appropriate agencies or others in the forestry community to foster improvement in the professionalism of *wood producers* specific to *qualified logging professionals*.

PM 13.2 (I.1) Participation in or support of *SFI Implementation Committees* to establish criteria and identify delivery mechanisms for *wood producer* core training courses that allow individuals to attain *qualified logging professional* status.

And

PM 13.2 (I.2) The Participation in or support of *SFI Implementation Committees* to establish criteria and identify delivery mechanisms for *wood producer* continuing education training courses that shall be taken by *qualified logging professionals* at least once every two years to maintain their status.

Timber Sale Operators must have the following minimum training for at least the owner of the firm and the foreman who will supervise the logging on St. Louis County Lands:

- Master Logger Certification; or
- Minnesota Logger Education (MLEP) Member in good standing; or
- "SFI Trained" FISTA member; or
- Training equivalent to the Minnesota SFI Implementation Committee Training Standard for a trained Professional Logger.

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3.2 Certificates, Accreditations

Instructions: Use the chart below or attach a separate list describing certifications, qualifications or accreditations held by you or the company or its employees related to the services provided.

If the certificate or accreditation is held by an employee or employees please provide the names of the employee(s)

Attach copies of the certificates/accreditations to this application or indicate where records are located and may be audited.

Such as but not limited to:

- Master Logger Certification; or
- Minnesota Logger Education (MLEP) Member in good standing; or
- "SFI Trained" FISTA member; or
- Training equivalent to the Minnesota SFI Implementation Committee Training Standard for a trained Professional Logger.
- OSHA Certifications

Certificate Description:	
Issued To:	Issued By:
Certificate #	Expiration Date
Certificate Description:	
Issued To:	Issued By:
Certificate #	Expiration Date
Certificate Description:	
Issued To:	Issued By:
Certificate #	Expiration Date

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3.3 Industry or Professional Affiliations or Trade groups

Instructions: Use the form below or attach a separate list describing the industry or professional associations of which you or your company is a member in addition to MLEP or FISTA (in Section 3.2)

Describe any Codes of Practice, Policies, or Guidelines the association has that apply to forest management practices.

Industry Association	
Membership Type	
Industry Association	
Membership Type	
Industry Association	
Membership Type	

By returning this document, I understand and acknowledge that it is my responsibility to know and comply with St. Louis County Policies and all prescribed regulations.

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**CERTIFICATE OF COMPLIANCE WITH
MINNESOTA WORKERS' COMPENSATION LAW
Minn. Stat. § 176.182**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. In addition, the County shall not enter into a contract for the doing of any public work before receiving acceptable evidence of compliance with workers' compensation insurance coverage requirements. Furthermore, if this information is not provided or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____ (Not the insurance agency)

Policy No: _____

Dates of Coverage: _____

OR

Applicant is not required to have workers compensation liability coverage because (check one):

- Applicant has no employees
- Applicant is self-insured (include a copy of your permit to self-insure)
- Applicant has no employees who are covered by workers' compensation

OR

- Certificate of Insurance is attached

GRANTEE/CONTRACTOR:

Printed Name: _____

Signature: _____

Date: _____

Company/Business Name: _____