

# RESPONSIBLE OPERATOR APPLICATION FORM

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The St. Louis County Land and Minerals Department has established a Responsible Operator List. A company or person may not bid on a contract with the St. Louis County Land and Minerals Department unless they are on the Responsible Operator List. Any company or person may apply to be on the Responsible Operator List. Applications can be submitted to: St. Louis County Land and Minerals Department, Government Services Building Suite 302, 320 West 2<sup>nd</sup> Street, Duluth Minnesota, 55802 (218-726-2606).

## Part 1 General Information

### 1.1 Business Information

<b>Business Name</b>			
<b>Address</b>			
<b>City</b>			
<b>State</b>		<b>Zip</b>	

### 1.2 Company Contacts

<b>Primary Contact:</b>		<b>Alternate Contact:</b>	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>Office Phone</b>		<b>Office Phone</b>	
<b>Shop Phone</b>		<b>Shop Phone</b>	
<b>Cellular</b>		<b>Cellular</b>	
<b>Fax</b>		<b>Fax</b>	
<b>E-Mail</b>		<b>E-Mail</b>	
<b>Fed. ID #</b>		<b>Fed. ID #</b>	

### 1.3 Insurance Coverage

Type	Modifier	Coverage limits
<b>Workers Comp.</b>		
<b>I certify that I am not required to carry workers compensation insurance because (check one):</b>		
<input type="checkbox"/>	I am a sole proprietor and I have no employees.	
<input type="checkbox"/>	I have no employees who are covered by the workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: Spouse; parents; children, regardless of age; and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work activity is controllable by the employer must be covered.	

### 1.4 Field Operator Services

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

<b>Trucking</b>		<b>Site Preparation</b>		<b>Gravel Extraction</b>		<b>Surveying</b>	
<b>Harvesting</b>		<b>Tree Planting</b>		<b>Pest Management</b>		<b>Road Maintenance</b>	
<b>Road Construction</b>		<b>Pesticide Appl.</b>		<b>Pre-comm. Thin.</b>			
<b>Other Professional Services:</b>							

**PART 2**

**Field Operator Capability and Experience**

**Instructions:** Use the form below or attach a separate list describing services provided in the past 3 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

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

**Please indicate the scope and scale of your operation:**

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

**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.

<b>Permit/License Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Permit/License #</b>	<b>Expiration Date</b>
<b>Permit/License Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Permit/License #</b>	<b>Expiration Date</b>
<b>Permit/License Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Permit/License #</b>	<b>Expiration Date</b>
<b>Permit/License Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Permit/License #</b>	<b>Expiration Date</b>

**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.

Indicate what training you and your employee's have had below. Put MLEP or FISTA membership under 3.3 below.

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**3.2 Certificates, Accreditations**

**Instructions:** Use the form 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.

<b>Certificate Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Certificate #</b>	<b>Expiration Date</b>
<b>Certificate Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Certificate #</b>	<b>Expiration Date</b>
<b>Certificate Description:</b>	
<b>Issued To:</b>	<b>Issued By:</b>
<b>Certificate #</b>	<b>Expiration Date</b>

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**3.3 Industry or Professional Affiliations**

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

<b>Industry Association</b>	
<b>Membership Type</b>	
<b>Industry Association</b>	
<b>Membership Type</b>	
<b>Industry Association</b>	
<b>Membership Type</b>	

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

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_