

# RESPONSIBLE OPERATOR APPLICATION FORM

## NEW APPLICANTS

<b>Date:</b>	
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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 and applications can be submitted to:

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

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

### 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>	

#### 1.3 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>Road Maintenance</b>
	<b>Harvesting</b>		<b>Tree Planting</b>		<b>Pest Management</b>		
	<b>Road Construction</b>		<b>Pesticide Appl.</b>		<b>Pre-comm. Thin.</b>		

**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

<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>
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<b>Permit/License #</b>	<b>Expiration Date</b>

**Per Sustainable Forestry Initiative 2015-2019 ®**

**Objective 11, Performance Measure 11.2** *Program Participants* shall work – individually and/or with *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*.

**Indicator 3** – Participation in or support of SFI Implementation Committees to establish criteria for recognition of logger certification programs, where they exist...

**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 3.2 below.

Responsible Operator Application Form

**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>

Responsible Operator Application Form

**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: \_\_\_\_\_

**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: \_\_\_\_\_