Trinity County Resource Conservation District (TCRCD) invites all licensed contractors to submit the enclosed Contractor’s Information Form in order to be included on TCRCD’s 2019 Solicitation List of qualified bidders, pursuant to Section 22036 of the Public Contract Code.

The TCRCD is active in fuels management projects, roadwork, and other restoration projects that reduce sediment to the Trinity River and South Fork of the Trinity River.

To learn more about programs, projects, partners, and activities of TCRCD, visit our website: www.tcrcd.net.

To be included in the 2019 list, interested contractors are required to complete the Contractor Information Form printed on the back of this letter and return to:

Trinity County Resource Conservation District
Contractor List
P.O. Box 1450
#30 Horseshoe Lane
Weaverville, CA 96093

Telephone: (530) 623-6004
FAX: (530) 623-6006
CONTRACTOR’S INFORMATION FORM

Please complete the following and mail to the above address if you would like to be included in Trinity County Resource Conservation District’s 2019 Solicitation List of qualified bidders. Please attach a list of your equipment and rates if available.

Company: __________________________________________________

Contractor: __________________________________________________

List of Equipment/Rates:_______________________________________________
_______________________________________________________________________
_______________________________________________________________________

Address: _________________________________________________
___________________________________________________________
___________________________________________________________

Phone: __________________________ or __________________________

FAX:____________________________ E-mail:______________________

Type of work interested in:_______________________________________
_______________________________________________________________________
_______________________________________________________________________

License(s) Held (Type/Class) License Number
1. ___________________________________________ ______________________
2. ___________________________________________ ______________________
3. ___________________________________________ ______________________

Are you Registered with DIR (Department of Industrial Relations)? (please circle one):
Y or N

To help us comply with federal requirements please check any applicable boxes:
☐ MBE (Minority-owned) ☐ WBE (Woman-owned) ☐ DBE (Disabled-owned)

Please call TCRCD office with any questions (530) 623-6004.