



- Water
- Sewer
- Both

Approved Utility Contractor Application

1. Owner's Name: _____

Business Address: _____

Street Number and Name

Ste/Apt. No.

City

State

Zip Code

Owner's Phone #: (____) _____ - _____ E-mail: _____

Owner's Representative #1: _____

Last

First

M.I.

Representative's Phone #: (____) _____ - _____ E-mail: _____

Owner's Representative #2: _____

Last

First

M.I.

Representative's Phone #: (____) _____ - _____ E-mail: _____

2. Applicant's Responsible Supervisors/Foremen:

Name:

Phone Number:

Email Address:

3. Provide a list of completed jobs with values for the last five (5) years, showing a strong work history of at least three (3) years with Municipal water/wastewater utility work. (attach a separate sheet if additional space is needed):

4. Provide a narrative of your company's overall capabilities, scope and nature of work accomplished. Describe the company's experience with water distribution system and/or sewer construction (attach a separate sheet if additional space is needed):

5. Applicant shall provide professional references and contacts which shall list a minimum of ten (10) projects that the Applicant has performed on Municipal water/wastewater systems. The City of Odessa may contact references listed at its discretion. Start with the most recent project using the following format (attach separate sheets to list all ten (10) projects):

Project Name: _____

Project Owner: _____

Owner's Address: _____

Street Number and Name

Ste/Apt. No.

City

State

Zip Code

Reference Contact : _____

Last

First

M.I.

Reference's Phone #: (_____) _____ - _____ E-mail: _____

Job Description: _____

6. List equipment and assets (i.e. Excavators, Backhoes, Dump Truck, Loaders, and Tapping Machines) owned by the Applicant (attach a separate sheet if additional space is needed):

7. Describe the Applicant's procedure and equipment for pressure testing water and sewer mains displaying Applicant's company has the proper equipment and method of work to successfully pressure test said mains and services in projects (attach a separate sheet if additional space is needed):

8. Describe the Applicant's process and equipment for disinfecting water mains and services that display the Applicant's company has the proper equipment and method of work to successfully disinfect said mains and services in projects (attach a separate sheet if additional space is needed):

9. Provide a list of all Licensed Personnel that currently hold a TCEQ Water Class C Distribution or Treatment license of greater that are employed by the Applicant's company. This is a requirement for tapping City water lines, disinfecting new mains and services, and bacteria sampling (attach a separate sheet if additional space is needed):

Name: _____
Last First M.I.

License Type: _____ License #: _____

Expiration Date: _____

Name: _____
Last First M.I.

License Type: _____ License #: _____

Expiration Date: _____

Name: _____
Last First M.I.

License Type: _____ License #: _____

Expiration Date: _____

10. Required Bond Attached:

Required Insurance Attached:

All of the information contained in this application is true and correct to the best of Applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the Ordinances of the City of Odessa, all City of Odessa Standards and Specifications and shall be subject to all the provisions of the statutes adopted under the State of Texas governing Public Right-of-Way and Municipal Utility Work. Applicant understands that this permit shall not permit any work on private property or outside of the Right-of-Way.

Applicant understands that there is a minimum of seven (7) working days for the City to thoroughly review the submission of a complete application and check references. If approved by the City of Odessa, the Applicant understands that "Approved Utility Contractor" status can still be revoked by the City of Odessa for violation of the City of Odessa Code or Ordinances, Standards, and/or Specifications.

Applicant's Signature

Printed Name

Date