

# 2016 MLIRD VENDOR ROSTER APPLICATION



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**Return this application back by mail or email to:**

Address: Moses Lake Irrigation and Rehabilitation District  
P. O. Box 98  
Moses Lake, WA 98837  
Email: mlird@mlird.org  
Telephone: (509) 765-8716

**Company Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person's Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Contact Person's Cell Phone:** \_\_\_\_\_

**Contact Person's Pager:** \_\_\_\_\_

**Contact Person's Fax:** \_\_\_\_\_

**Contact Person's E-Mail:** \_\_\_\_\_

**Company Web Site:** \_\_\_\_\_

**Date Business Established:** \_\_\_\_\_

**Business Classification:**

- Individual                       Partnership                       Corporation  
 Woman Owned     Minority Owned     Federal Disadvantaged Business

**UBI # :** \_\_\_\_\_ **Federal Tax ID or Social Security #:** \_\_\_\_\_

**Would you like your company to be included on our "Emergency Response List"?**

**Yes - please provide Emergency Contact Phone #** \_\_\_\_\_



**MLIRD POLICY FOR PURCHASING FROM THE VENDOR LIST:**

- 1. This policy is a summary of MLIRD Resolution 2016-005. The terms of that resolution govern over any inconsistent provision of this policy.**
- 2. MLIRD will use a uniform process of obtaining bid quotes on necessary supplies, materials, and equipment with an estimated value of up to fifty thousand dollars, for award using the Vendor List as authorized by RCW 87.03.437 and RCW 39.04. 190.**
- 2. MLIRD will make a good faith effort to contact at least three vendors and obtain quotes for the required supplies, materials and equipment.**
- 3. The invitation shall describe the supply, material or equipment needed, along with a bid deadline.**
- 4. MLIRD will award the project to the lowest responsible bidder, reserving its right under applicable law to reject any or all bids, and to waive procedural irregularities.**
- 5. For inclusion on MLIRD's Vendor list, you must fill out this application in its entirety.**
- 6. No substitutes will be accepted in lieu of this application form.**
- 7. This Application will remain in effect until written request to be removed from list is received or until MLIRD learns that the business is no longer qualified under Resolution 2016-005 or has gone out of business.**



Please list product areas your company may support for MLIRD

- Parts, Components or Products for Marine use
- Parts, Components or Products for Automotive use
- Parts, Components or Products for Heavy Equipment use
- Parts, Components or Products for Safety or Environmental use
- Building Materials, Parts, Components or Products
- Office Equipment, Materials or Products
- Industrial Supplies, Parts, Components or Products
- Rental Equipment, Material or Products
- Other (please specify below)

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**Minimum Qualifications**

*Minimum qualification must be met. The General Manager reserves the right to reject at any time, including after an initial inclusion on the Roster, if the applicant is determined not to be responsible.*

**List 3 References:** Those companies that do not yet have three listed references may be rejected and discarded by General Manager. Each public agency using the Shared Roster reserves the right to independently contact references and declare responsibility.

**Reference #1:** \_\_\_\_\_  
Name/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

**Reference #2:** \_\_\_\_\_  
Name/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

**Reference #3:** \_\_\_\_\_  
Name/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

**I swear under penalty of perjury of the laws of the State of Washington that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest, which are prohibited by law:**

**Authorized Vendor/Company Signature:** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.

**Application Accepted by** \_\_\_\_\_, **General Manager**  
**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.