

**ADDENDUM #2**  
**FORMAL BID #2017-147**

**KITSAP COUNTY PUBLIC WORKS WASTEWATER DIVISION**  
**MANCHESTER YUKON HARBOR SEWER EXTENSION**

**October 30, 2017**

**TO:** All Respondents  
**FROM:** Colby Wattling, Buyer  
**CLOSING DATE:** November 7, 2017 at 3:00 p.m. (Changed per Addendum #1)  
**REF NO.:** Manchester Yukon Harbor Sewer Extension  
**DATE:** October 30, 2017

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The purpose of this addendum is to modify the Contract Documents for the referenced project. This addendum shall become a part of these Contract Documents. Bidder shall acknowledge receipt of this 2 page addendum (including attachments) on the Bid Form.

**VOLUME 1 OF 3 OF THE CONTRACT DOCUMENTS IS MODIFIED AS FOLLOWS:**

**SUBCONTRACTORS LIST**

Item 1. REPLACE the SUBCONTRACTOR RESPONSIBILITY CHECKLIST with the attached SUBCONTRACTOR RESPONSIBILITY CHECKLIST.

**SECTION 22 13 36 INDIVIDUAL PUMPING STATION**

Item 2. DELETE Paragraph 2.12-E.2 from the Specifications. The two (2) GFCI receptacles for each Individual Pumping Station have been removed from this project.

Attachments For:

Item 1. Subcontractor Responsibility Checklist

**End Addendum #2**

**SUBCONTRACTOR RESPONSIBILITY CHECKLIST**

The following checklist will be used to document that the Bidder meets the mandatory bidder responsibility criteria. Please print a copy of documentation from the appropriate website to be included with the submittal.

<b>General Information</b>	
Project Name: Manchester Yukon Harbor Sewer Extension	Project Number: KC Contract #2017-147
Subcontractor's Business Name:	Subcontract Execution Date:
<b>Contractor Registration</b>	
License Number:	Status: Active: Yes <input type="checkbox"/> No <input type="checkbox"/>
Effective Date (must be effective on or before Subcontract Bid Submittal Deadline):	Expiration Date:
<b>Contractor Infraction List</b>	
Is Subcontractor on Infraction List? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Current UBI Number</b>	
UBI Number:	Account Status: Open <input type="checkbox"/> Closed <input type="checkbox"/>
<b>Industrial Insurance Coverage</b>	
Account Number:	Account Current: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employment Security Department Number</b>	
Employment Security Department Number:	
Please provide a copy of latest correspondence containing subcontractor's account number with Employment Security Department. Do not provide document containing personal information such as social security numbers.	
<b>State Excise Tax Registration Number</b>	
Tax Registration Number:	Account Status: Open <input type="checkbox"/> Closed <input type="checkbox"/>
<b>Not Disqualified from Bidding</b>	
Is the Subcontractor listed on the "Contractors Not Allowed to Bid" list of the Department of Labor and Industries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Contractor Licenses</b>	
<u>Electrical</u> : If required by Chapter 19.28 RCW, does the Subcontractor have an Electrical Contractor's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Elevator</u> : If required by Chapter 70.87 RCW, does the Subcontractor have an Elevator Contractor's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Checked by:</b>	
Name of Employee:	Date:

**[THIS FORM SHALL BE COMPLETED IN FULL FOR EACH SUBCONTRACTOR AND SUBMITTED WITHIN ONE HOUR AFTER THE PUBLISHED BID SUBMITTAL TIME WITH THE BID PROPOSAL]**