



**Contractor Prequalification and W-9 form - 2025**  
**California Uniform Public Construction Cost Accounting Act (CUPCCAA)**

**Email:**

[purchasing@whccd.edu](mailto:purchasing@whccd.edu)

**NAME For proprietorship, provide proprietor's name in first box and DBA in second box.**

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business as (DBA)
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**ADDRESS/CONTACT INFORMATION**

**LICENSES**

Address			License Number(s):	Classification(s):	Expiration Date:
Address			_____	_____	_____
City	State	Zip Code	_____	_____	_____
Primary Contact			_____	_____	_____
Primary Contact E-mail			_____	_____	_____
Phone Number	Fax Number		_____	_____	_____
Web Address			Primary/Secondary Type of Work Interest:		
DIR Registration #:			_____		

**ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER**  
Check appropriate organization type and supply the applicable Employee Identification Number (EIN) or Social Security Number (SSN)

Bonding capacity (per contract):

Name of Bonding Company:

Check the appropriate box for federal tax classification:

Individual / Sole Proprietor	Limited Liability Company (LLC):
Partnership	Disregarded Entity
S-Corporation	Partnership
Corporation	S-Corporation
Government	Corporation
Trust / Estate	Other _____

**DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION**

- Small business enterprise (SBE)
- Minority owned business enterprise (MBE)
- Women owned business enterprise (WBE)
- Disadvantaged business enterprise (DBE)
- Disabled/veteran owned business enterprise (DVBE)
- Other \_\_\_\_\_

Tax ID: \_\_\_\_\_ EIN \_\_\_\_\_ SSN \_\_\_\_\_

Name associated with SSN: \_\_\_\_\_

DUNS #: \_\_\_\_\_

If you checked any of the above, have you been certified? Yes No  
If yes, by which agency: \_\_\_\_\_  
Certificate #: \_\_\_\_\_

WHCCD Graduate-Owned Business Yes No If Yes: 60 units in WHCCD AA/AS Degree Cert. in Building Trade 33% Company Ownership

**IRS FORM W-9 CERTIFICATION AND SIGNATURE**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev October 2018)  
cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature	Print Name & Title of Person Signing Form	Date
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**CERTIFICATION OF THE CUPCCAA PREQUALIFICATION STATEMENT**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



**TRADE SELECTION:**

Applicant must check each trade category for which the Applicant requests to be pre-qualified. An Applicant must be a California licensed contractor for the classification of Contractors' License required for each trade category for which pre-qualification is requested.

Qualification Requested; Trade Categories		Required California Contractors' License	
<input type="checkbox"/>	General Engineering	A	General Engineering
<input type="checkbox"/>	General Construction	B	General Building
<input type="checkbox"/>	Insulation and Acoustical	C-2	Insulation and Acoustical
<input type="checkbox"/>	Boiler, Hot-Water Heating System Fitting	C-4	Boiler, Hot-Water Heating System Fitting
<input type="checkbox"/>	Framing and Rough Carpentry	C-5	Framing and Rough Carpentry
<input type="checkbox"/>	Cabinetry, Millwork, Finish Carpentry	C-6	Cabinet, Millwork, Finish Carpentry
<input type="checkbox"/>	General Low Voltage Electrical	C-7	Low Voltage Electrical
<input type="checkbox"/>	Telecommunications/ Data Cabling	C-7	Low Voltage Electrical
<input type="checkbox"/>	Concrete Contractor	C-8	Concrete Contractor
<input type="checkbox"/>	Drywall Contractor	C-9	Drywall Contractor
<input type="checkbox"/>	General Electrical	C-10	Electrical
<input type="checkbox"/>	Elevator Contractor	C-11	Elevator Contractor
<input type="checkbox"/>	Earthwork/ Paving	C-12	Earthwork and Paving
<input type="checkbox"/>	Fence	C-13	Fencing
<input type="checkbox"/>	Flooring	C-15	Floor and Flooring
<input type="checkbox"/>	Fire Protection/ Fire Alarms	C-16	Fire Protection
<input type="checkbox"/>	Glass	C-17	Glazing
<input type="checkbox"/>	HVAC	C-20	Warm-Air Heating and Air Conditioning
<input type="checkbox"/>	Moving/ Demolition	C-21	Building Moving/Demolition
<input type="checkbox"/>	Asbestos Abatement	C-22	Asbestos Abatement Contractor
<input type="checkbox"/>	Ornamental Metal Contractor	C-23	Ornamental Metal Contractor
<input type="checkbox"/>	Landscaping/ Irrigation	C-27	Landscaping
<input type="checkbox"/>	Doors, Locks, Security	C-28	Lock and Security Equipment
<input type="checkbox"/>	Masonry Contractor	C-29	Masonry Contractor
<input type="checkbox"/>	Construction Zone Traffic Control	C-31	Construction Zone Traffic Control
<input type="checkbox"/>	Parking Lot	C-32	Parking and Highway Improvement
<input type="checkbox"/>	Painting	C-33	Painting and Decorating
<input type="checkbox"/>	Pipeline	C-34	Pipeline
<input type="checkbox"/>	Lathing and Plastering	C-35	Lathing and Plastering
<input type="checkbox"/>	Plumbing	C-36	Plumbing
<input type="checkbox"/>	Refrigeration	C-38	Refrigeration
<input type="checkbox"/>	Roofing	C-39	Roofing
<input type="checkbox"/>	Sanitation System	C-42	Sanitation System
<input type="checkbox"/>	Sheet Metal	C-43	Sheet Metal
<input type="checkbox"/>	Electrical Sign	C-45	Electrical Sign
<input type="checkbox"/>	Solar	C-46	Solar
<input type="checkbox"/>	General Manufactured Housing	C-47	General Manufactured Housing
<input type="checkbox"/>	Reinforcing Steel	C-50	Reinforcing Steel
<input type="checkbox"/>	Structural Steel	C-51	Structural Steel
<input type="checkbox"/>	Swimming Pool	C-53	Swimming Pool
<input type="checkbox"/>	Ceramic Tile	C-54	Tile
<input type="checkbox"/>	Trenching	D-56	Trenching
<input type="checkbox"/>	Hydro Seed Spraying	D-59	Hydro seed Spraying
<input type="checkbox"/>	Air and Water Balancing	D-62	Air and Water Balancing
<input type="checkbox"/>	Construction Cleanup	D-63	Construction Cleanup
<input type="checkbox"/>	Non-Specialized	D-64	Non-specialized
<input type="checkbox"/>	Weatherization and Energy Conservation	D-65	Weatherization and Energy Conservation
<input type="checkbox"/>	Asbestos-Related Work	ASB	Asbestos Certification
<input type="checkbox"/>	Hazardous Substance Removal	HAZ	Hazardous Substance Removal Certification

**ESSENTIAL QUESTIONS FOR QUALIFICATION:**

An Applicant will not be pre-qualified if the response to any of the following essential questions results in a "Not Qualified" designation.

- 1. The Applicant is ineligible or debarred from submitting bid proposals for public works projects or public works contracts pursuant Labor Code §1777.1, Labor Code §1777.7, or any other reason.
  - a.  Yes (Not Qualified)  No
- 2. During the past five (5) years, the Applicant or any predecessor to the Applicant, or any of the equity owners of the Applicant been convicted of a federal or state crime involving fraud, theft, or any other act of dishonesty.
  - a.  Yes (Not Qualified)  No
- 3. During the past five (5) years a Surety has completed any project or the Applicant's obligations under a construction contract.
  - a.  Yes (Not Qualified)  No
- 4. During the past five (5) years the Applicant been declared in default under a construction contract to which the Applicant was a party.
  - a.  Yes (Not Qualified)  No
- 5. The Applicant's Worker's Compensation Insurance current and prior five (5) year average Experience Modification Rating ("EMR") rating over the past five (5) years is more than 1.5.
  - a.  Yes (Not Qualified)  No
- 6. CAL OSHA or OSHA has cited and assessed penalties against the Applicant for "serious," "willful" or "repeat" violations of its safety or health regulations in the past five (5) years?
  - a.  Yes (Not Qualified)  No

**NOTE:** All Contractors receiving awards will be required to provide a certificate of commercial and liability insurance for a minimum amount of \$1,000,000 single occurrence and \$2,000,000 in the aggregate, including additional insured endorsement document listing the District as additional insured. Insurance requirements may be adjusted per project as needed. Contractors will also be required to provide workers compensation coverage as required by law or is legally self-insured pursuant to Labor Code §3700, unless the contractor doesn't have any employees. A payment and performance bond will also be required for 100% of the contract amount for projects valued at \$25,000 or higher. The District may request contractors to provide a list of references prior to the award of a project.

**AUTHORITY AND CERTIFICATION:** The undersigned is duly authorized to execute this Application under penalty of perjury on behalf of the above-identified Applicant. The undersigned warrants and represents that he/she has personal knowledge of each of the responses to this Application and/or that he/she has conducted all necessary and appropriate inquiries to determine the truth, completeness and accuracy of responses to this Application. The undersigned declares and certifies that the responses to this Application are complete and accurate; there are no omissions of material fact or information that render any response to be false or misleading and there are no misstatements of fact in any of the responses. The Applicant acknowledges and agrees that if the District determines that any response herein is false or misleading or contains misstatements of fact, the Bidder will not be deemed qualified to participate in the District's Informal Bidding procedures.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_.  
(City and State)

Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_