



# Los Angeles Unified School District Contractor BondWorks Program

## CONTRACTOR ENROLLMENT FORM

I. CONTRACTOR NAME & ADDRESS:

Date:

(Company Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

II. COMPANY INFORMATION:

a. Trade Specialty: \_\_\_\_\_ b. License Number/Class: \_\_\_\_\_  
c. Type of Entity: Corporation\_\_ Partnership\_\_ Sole Proprietor\_\_  
d. Date Business Established: \_\_\_\_\_ e. Annual Business Volume: \$ \_\_\_\_\_

Check all that apply:

In the last three (3) years, I have bid on LAUSD jobs as a: Prime \_\_ Sub\_\_ Both \_\_  
In the last three (3) years, I have been awarded LAUSD contracts as a: Prime \_\_ Sub\_\_ Both \_\_

III. BUSINESS RELATIONSHIPS:

a. Current Surety: \_\_\_\_\_ b. Current Surety Agent: \_\_\_\_\_  
c. Current Bond Line: Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
d. Current Bank: \_\_\_\_\_ e. Current Credit Line: \$ \_\_\_\_\_  
f. Current CPA: \_\_\_\_\_

IV. CERTIFICATION INFORMATION (Check all that apply):

Certification: SBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ MBE \_\_\_\_\_  
Ethnicity: African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_ Caucasian \_\_\_\_\_  
Hispanic or Latino \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_  
Other \_\_\_\_\_

V. PROGRAM SERVICES REQUESTED:

I am interested in using the LAUSD Contractor BondWorks Program to assist with (Check all that apply):

a. Bonding \_\_\_\_\_ b. Financing \_\_\_\_\_  
c. Bidding/Job Estimating \_\_\_\_\_ d. Business Management \_\_\_\_\_  
e. Other assistance desired (Please specify) \_\_\_\_\_

**IMPORTANT:**

**PLEASE INDICATE WHICH OF THE FOLLOWING LAUSD PROGRAMS YOU HAVE COMPLETED:**

Yes  BOOT CAMP

Yes  CONTRACTOR ACADEMY

Yes  LABOR COMPLIANCE TRAINING

Yes  PROJECT STABILIZATION AGREEMENT (PSA) TRAINING

Yes  SAFETY PREQUALIFICATION

**PLEASE ATTACH A COPY OF YOUR CERTIFICATES TO THIS FORM.**

I/WE ACKNOWLEDGE AND AGREE, THAT THE LAUSD CONTRACTOR BOND WORKS PROGRAM IS OPEN TO ALL CERTIFIED SMALL BUSINESS ENTERPRISES (SBE). THEREFORE I/WE HEREBY DULY AGREE UNDER PENALTY OF PERJURY THAT I/WE ARE INDEED CERTIFIED AS A SMALL BUSINESS ENTERPRISE. I/WE FURTHER ACKNOWLEDGE AND AGREE THAT, IN ORDER TO ENROLL INTO THE CONTRACTOR BOND WORKS PROGRAM AND BE ELIGIBLE FOR THE GUARANTEE SERVICES, I/WE MUST HAVE COMPLETED AND RECEIVED EITHER THE CONTRACTOR COMPLIANCE ACADEMY COMPLETION CERTIFICATE OR THE LAUSD BOOT CAMP COMPLETION CERTIFICATE AS WELL AS THE LABOR COMPLIANCE CERTIFICATE, THE PROJECT STABILIZATION AGREEMENT CERTIFICATE AND THE LAUSD SAFETY PRE-QUALIFICATION CERTIFICATE. Initials: \_\_\_\_\_

**I/WE AUTHORIZE AND CONSENT TO THE DISTRICT'S, PROGRAM ADMINISTRATORS, AND/OR SURETY/BANK OBTAINING INFORMATION FROM THIRD PARTIES, INCLUDING BUT NOT LIMITED TO, CREDITORS, BROKERS, SURETIES, INSURERS, BANKS, OR ANY INDIVIDUAL(S) OR INDIVIDUAL REPRESENTATIVE(S) OF ANY FIRM(S), ENTITY (IES) OR ORGANIZATION(S) LISTED IN THE DOCUMENTS SUBMITTED BY ME/US OR FOR ANY OTHER PURPOSE RELATED TO THE EVALUATION OF MY/OUR QUALIFICATIONS. I/WE RECOGNIZE THAT TO ENSURE THE EFFECTIVENESS OF THE ENROLLMENT PROCESS, SUCH INDIVIDUALS MUST BE ABLE TO SPEAK FRANKLY AND OPENLY. ACCORDINGLY, I/WE HEREBY FULLY AND UNCONDITIONALLY RELEASE AND DISCHARGE SUCH THIRD PARTY INDIVIDUALS AND THE FIRMS, ENTITIES AND ORGANIZATIONS THEY REPRESENT, FROM ANY CLAIM OR LIABILITY RELATING TO INFORMATION PROVIDED IN CONNECTION WITH THE PROCESSING, INVESTIGATION AND EVALUATION OF OUR APPLICATION OR ENROLLMENT DOCUMENTATION. Initials: \_\_\_\_\_**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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