



QUALIFICATION APPLICATION
Consultants, Contractors, Suppliers and Vendors

Section A: Company/Organization Profile						
Full Company/DBA/Entity Name:			Year Established:	No. of Years Using Current Name:		
Street Address (Firm Headquarters):			Former Company/DBA/Organization Name(s) (if any):			
City:	State:	Zip Code:	Dunn and Bradstreet No:	SIC No:	NAICS No:	Federal Tax ID:
Contact Information			Company/Organization Type			
Name: _____ Title: _____ Office Phone: _____ Cell Phone: _____ Fax Number: _____ Email Address: _____ Web Site: _____			<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership (GP) <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Limited Liability Partnership (LLP) State of Incorporation: _____ State of Partnership: _____ <input type="checkbox"/> Non Profit <input type="checkbox"/> Other: _____			
Business Class and Diversity			Primary Business Activities			
<input type="checkbox"/> Large Business <input type="checkbox"/> Non Profit/Education <input type="checkbox"/> Small Business (<i>Please indicate type(s) below, as applicable</i>) * <input type="checkbox"/> 8(a) Certified * <input type="checkbox"/> Small Disadvantaged (SBA Cert.) * <input type="checkbox"/> Socio-Economically Disadvantaged * <input type="checkbox"/> Women-Owned * <input type="checkbox"/> Veteran-Owned * <input type="checkbox"/> Service Disabled Veteran * <input type="checkbox"/> Minority-Owned * <input type="checkbox"/> HUBZone (SBA Cert.) *Please attach a copy of each certification.			<input type="checkbox"/> Accounting <input type="checkbox"/> Analytical <input type="checkbox"/> Building <input type="checkbox"/> General Construction <input type="checkbox"/> Chemicals <input type="checkbox"/> Computer Hardware/Software <input type="checkbox"/> Consulting <input type="checkbox"/> Contracting <input type="checkbox"/> Engineering <input type="checkbox"/> Environmental <input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Office Equipment/ Supplies <input type="checkbox"/> Painting <input type="checkbox"/> Pipeline Contractor <input type="checkbox"/> Professional Services <input type="checkbox"/> Pump Maintenance <input type="checkbox"/> Reservoir/Tank Construction/Maintenance <input type="checkbox"/> Security <input type="checkbox"/> Survey <input type="checkbox"/> Training & Education Specify: _____ <input type="checkbox"/> Waterworks Material Supplier			
Ethnicity:			Trade or Professional Licenses/State Certifications			
<input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> Black American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Polynesian <input type="checkbox"/> White			Indicate the type of contractor, professional service, or specialty trade license(s) or certificate(s) maintained by your firm: _____ Number: _____ Please attach a copy of each license or certification.			
GSWC operates a Supplier Diversity Program. GSWC is committed to achieving Supplier Diversity business opportunities to reflect the communities we serve, and to adhere to regulatory compliance with the California Public Utilities Commission (CPUC). Please indicate whether your business is a certified Women, Minority or Disabled Veteran Owned Business Enterprise. Information regarding certification for women and minority businesses is available at the Clearinghouse by visiting www.thesupplierclearinghouse.com or call (800) 359-7998. Information regarding disabled veterans is available at the CA Department of General Services by visiting pd.dgs.ca.gov/smbus/dvbecert.htm or call (916) 375-4940.			Approximate Number of Current Employees		Estimated Annual Gross Revenue Prior Three (3) Fiscal Years	
			<input type="checkbox"/> 10 or fewer <input type="checkbox"/> 10-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> Over 500		Year: Amount: 20__ \$ _____ 20__ \$ _____ 20__ \$ _____	
Bank Reference						
Name of Bank: _____ Phone: _____ Type(s) of Account(s): _____ Account No: _____						
Brief Financial Statement						
Please attach a brief financial statement, or a current balance sheet, or bank and credit information.						



Golden State Water Company

A Subsidiary of American States Water Company

Contracts Department
 2143 East Convention Center Way, Suite 110
 Ontario, CA 91764
 P: 909.937.0111 F: 909.937.0222
 gswater.com

Please check the GSWC customer service areas where you desire to do work:

- | | | | | | |
|------------------------------|--|------------------------------------|--------------------------------------|---|-------------------------------------|
| GSWC Business Office(s) | <input type="checkbox"/> San Dimas | <input type="checkbox"/> Anaheim | <input type="checkbox"/> Ontario | | |
| Region 1 Northern | <input type="checkbox"/> Arden Cordova | <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clearlake | | |
| Region 1 Coastal | <input type="checkbox"/> Los Osos | <input type="checkbox"/> Ojai | <input type="checkbox"/> Santa Maria | <input type="checkbox"/> Simi Valley | |
| Region 2 Central | <input type="checkbox"/> Artesia | <input type="checkbox"/> Norwalk | <input type="checkbox"/> Bell | <input type="checkbox"/> Bell Gardens | |
| | <input type="checkbox"/> Florence-Graham | <input type="checkbox"/> Hollydale | <input type="checkbox"/> Willowbrook | <input type="checkbox"/> Culver City | |
| Region 2 Southwest | <input type="checkbox"/> Carson | <input type="checkbox"/> Inglewood | <input type="checkbox"/> Lawndale | <input type="checkbox"/> Gardena | <input type="checkbox"/> Compton |
| Region 3 Orange County | <input type="checkbox"/> Los Alamitos | <input type="checkbox"/> Placentia | | | |
| Region 3 Foothill | <input type="checkbox"/> Arcadia | <input type="checkbox"/> Claremont | <input type="checkbox"/> San Dimas | <input type="checkbox"/> San Gabriel | |
| Region 3 Mountain/Desert | <input type="checkbox"/> Apple Valley | <input type="checkbox"/> Barstow | <input type="checkbox"/> Calipatria | <input type="checkbox"/> Morongo Valley | <input type="checkbox"/> Wrightwood |
| Bear Valley Electric Service | <input type="checkbox"/> Big Bear Lake, CA | | | | |

Section B: Bondability and Insurance

- Is your company currently bondable? Yes No N/A
- Has your company previously been bonded? Yes No N/A
- What is your Bond Limit Amount (Aggregate)? _____
- Would your company meet the following minimum insurance requirements:
- State required Worker's Compensation? Yes No N/A
- State required Automobile Insurance? Yes No N/A

The following outlines the general minimum insurance limits for:

- Major Construction/Maintenance Work (e.g. Pipeline, well and pump, electrical power lines)
- Minor Construction/Maintenance Work (e.g. Landscape, plumbing, security, etc.)
- General Consulting, Management or Engineering Services
- Specialized Consulting Work
- Professional Services

Type of Insurance	Major	Minor	General Consulting, Management or Engineering Services	Specialized Consulting Work	Professional Services
General Liability					
General Aggregate	\$2,000,000	\$500,000	\$2,000,000	\$500,000	N/A
Products-Completed Operations	\$2,000,000	\$500,000	\$2,000,000	N/A	N/A
Personal & Advertising Injury	\$1,000,000	\$100,000	\$1,000,000	N/A	N/A
Each Occurrence	\$1,000,000	\$100,000	\$1,000,000	\$500,000	N/A
Auto Liability (any auto)					
Company owned vehicles					
Combined Single Limit	\$1,000,000	\$500,000	\$500,000	\$500,000	N/A
Hired and non-owned vehicles					
Combined Single Limit	\$1,000,000	\$1,000,000	\$1,000,000	N/A	N/A
Company Owned Vehicles					
Combined Single Limit					
Hazardous Material Suppliers	\$5,000,000 (\$1M in Primary and \$4M in excess)	N/A	N/A	N/A	N/A
Worker's Compensation	Statutory	Statutory	Statutory	Statutory	Statutory
Employers' Liability					
Each Accident	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Disease- Policy Limit	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Disease- Each Employee	\$1,000,000	\$500,000	\$1,000,000	\$500,000	N/A
Professional Liability (Errors & Omissions)					
Each Claim	N/A	N/A	\$1,000,000	N/A	\$1,000,000
Annual Aggregate	N/A	N/A	\$1,000,000	N/A	\$1,000,000

- Professional Liability Insurance? Yes No N/A
- Please attach a sample copy of the applicable insurance certificates.



Section C: Health and Safety

Experience Modification Rate

Is your firm subject to the EMR? Yes No

If yes, please provide rating for the past three (3) years.

Year	EMR	Year	EMR	Year	EMR
20__	_____	20__	_____	20__	_____

OSHA Recordable Incident Rate

Is your firm exempt from OSHA record keeping because of size (e.g. 10 or fewer employees) and/or industry type?

Yes No N/A

If no, list your firm's OSHA Recordable Incidence Rate for each of the past three (3) years.

Year	Rate	Year	Rate	Year	Rate
20__	_____	20__	_____	20__	_____

Check the appropriate boxes below:

- | | |
|---|---|
| 1. Does your firm have a written safety program? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Does your firm currently have a written safety plan which complies with current OSHA standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Does your firm have a safety orientation program for new employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Ever had a period when your firm was without required Workers' Compensation Insurance or approved self-insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Has your firm experienced either a State or Federal Occupational Safety and Health Administration serious violation, or citation, or been assessed penalties? If yes, number of instances? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Has your firm experienced either a State or Federal Environmental Protection Agency (EPA) issued Notice of Violation (NoV) and/or assessed any penalties? If yes, number of instances? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Has your firm experienced a work-related fatality or an accident that resulted in the hospitalization of four (4) or more employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

If yes, please attach an explanation.

Section D: Contractual/Financial/Legal

- | | |
|--|---|
| 1. Does your firm have a written Code of Conduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Does your firm have any apparent or actual conflict of interest with GSWC? Or with any of its employees? Or are you a relative of any GSWC employee? If yes, please explain:
_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Within the last five (5) years, has your firm:

- | | |
|--|---|
| 3. Filed for Bankruptcy (voluntary or involuntary)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. Had a state license or certification suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any utility, local, state or federal agency project? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Had a client or owner submit a claim for arbitration against your firm?
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Submitted for arbitration a claim against a client or owner concerning work on a project or any contract?
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 8. Had a contract terminated for cause or default by a client or owner?
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Defaulted on a contract forcing a Surety to suffer a loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10. Experienced a client or owner making a demand on your payment or performance bonds? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 11. Has a surety made payments on your firm's behalf to satisfy a claim made against a payment or performance bond?
Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 12. Been unable to obtain a bond or been denied a bond for a contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |



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13. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm? Yes No N/A
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.
14. Are there any current outstanding liens or stop notices for labor and/or material filed against your firm on any contracts? Yes No N/A
15. Been sued? Yes No N/A
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.
16. Filed suit? Yes No N/A
 Indicate the number: _____, type _____, client _____, and verification information _____ . Case No(s). _____.

If yes to any of the above, please attach explanation and details including the Agency, Client, name of Court and case numbers, etc.

17. What size projects is your company comfortable undertaking in view of existing capabilities and available financial resources? Single project value: \$_____ Total value work in progress: \$_____
18. Does your firm have an Accounting System, approved by either an agency of the US Government (e.g., DCAA) or any state government? Yes No *If yes, please specify which agency: _____
19. What is the date of the last approval of your Accounting System by the specified agency? _____

Section E: Performance References

A. Business References: List two (2) general business references:

Contact	Company	Phone	Years?
1. Email:			
2. Email:			

B. List the two (2) highest value contracts completed in the prior three (3) years:

Owner/Client	Contact & Phone	Job Description	Contract Amount: Original \$ Completed \$	Complete Date: Original Actual
1. Email:			\$	
			\$	
2. Email:			\$	
			\$	

C. List two (2) Subcontractors or Subconsultants (as applicable):

Company	Service(s) Provided	Contact Name	Phone
1.		Email:	
2.		Email:	

D. List two (2) current Material Suppliers or Vendors:

Company	Material or Service Provided	Contact Name	Phone
1.		Email:	
2.		Email:	



Section F: Service(s) Provided

Check a maximum of five (5) type(s) of service(s) your firm performs in its own name. Do not include services that your firm subcontracts.

<p>A</p> <p><input type="checkbox"/> Accountant A14</p> <p><input type="checkbox"/> Acquisitions A16</p> <p><input type="checkbox"/> Advertising A08</p> <p><input type="checkbox"/> Air Conditioning - Heating A02</p> <p><input type="checkbox"/> Air Conditioning Maintenance A03</p> <p><input type="checkbox"/> Architects A06</p> <p><input type="checkbox"/> Armored Services A07</p> <p><input type="checkbox"/> Asbestos & Lead Paint A01</p> <p><input type="checkbox"/> Asphalt A09</p> <p><input type="checkbox"/> Audio Visual A05</p> <p><input type="checkbox"/> Auto Repair A04</p> <p><input type="checkbox"/> Automobile - Lease A15</p> <p><input type="checkbox"/> Automobile - Parts A10</p> <p><input type="checkbox"/> Automobile - Rentals A11</p> <p><input type="checkbox"/> Automobile - Tires A13</p> <p><input type="checkbox"/> Automobile - Truck Purchases A12</p> <p>B</p> <p><input type="checkbox"/> Barricades B03</p> <p><input type="checkbox"/> Bearings B04</p> <p><input type="checkbox"/> Blue Prints B05</p> <p><input type="checkbox"/> Bolts B06</p> <p><input type="checkbox"/> Booster Pumps B01</p> <p><input type="checkbox"/> Building Maintenance B02</p> <p><input type="checkbox"/> Building Materials and Supplies B07</p> <p>C</p> <p><input type="checkbox"/> Calibration C10</p> <p><input type="checkbox"/> Carpentry C01</p> <p><input type="checkbox"/> Carpet/Carpet Cleaning C11</p> <p><input type="checkbox"/> Catering/Food Services C12</p> <p><input type="checkbox"/> Cement/Concrete Supplies C13</p> <p><input type="checkbox"/> Chemical Delivery C02</p> <p><input type="checkbox"/> Chlorine Equipment/ Supplies C14</p> <p><input type="checkbox"/> Circuit Breakers C15</p> <p><input type="checkbox"/> Clamps C16</p> <p><input type="checkbox"/> Coffee/Soft Drink Supplies C18</p> <p><input type="checkbox"/> Compressors C22</p> <p><input type="checkbox"/> Computer - Hardware C19</p> <p><input type="checkbox"/> Computer - Services/Maintenance C07</p> <p><input type="checkbox"/> Computer - Software C20</p> <p><input type="checkbox"/> Concrete Contractor C23</p> <p><input type="checkbox"/> Conservation C05</p> <p><input type="checkbox"/> Construction Clean-up C03</p> <p><input type="checkbox"/> Consulting/Engineering C04</p> <p><input type="checkbox"/> Consulting - Engineers C21</p> <p><input type="checkbox"/> Contributions C17</p> <p><input type="checkbox"/> Corporate Gifts C24</p> <p><input type="checkbox"/> Corrosion Engineering/Insp. C06</p> <p><input type="checkbox"/> Courier Services/Maintenance C08</p> <p><input type="checkbox"/> Crane Rental C25</p> <p>D</p> <p><input type="checkbox"/> Demolition Contractor D06</p> <p><input type="checkbox"/> Development D01</p> <p><input type="checkbox"/> Language Interpreter L11</p>	<p><input type="checkbox"/> Disaster Recovery D03</p> <p><input type="checkbox"/> Distribution Maintenance D02</p> <p><input type="checkbox"/> Drafting Supplies D05</p> <p><input type="checkbox"/> Ductile Iron Pipe D04</p> <p>E</p> <p><input type="checkbox"/> Earthwork E01</p> <p><input type="checkbox"/> Electrician/ Electrical E02</p> <p><input type="checkbox"/> Energy Efficiency Consultant E09</p> <p><input type="checkbox"/> Engineering Services E04</p> <p><input type="checkbox"/> Environmental Engineering E03</p> <p><input type="checkbox"/> Equipment Rental E05</p> <p><input type="checkbox"/> Excavation E06</p> <p><input type="checkbox"/> Exterminator E10</p> <p><input type="checkbox"/> Event Planner E07</p> <p><input type="checkbox"/> Event Rentals E08</p> <p>F</p> <p><input type="checkbox"/> Fencing F01</p> <p><input type="checkbox"/> Field Testing F02</p> <p><input type="checkbox"/> Financial Consultant F10</p> <p><input type="checkbox"/> Fire Extinguishers/Services F04</p> <p><input type="checkbox"/> Fire Hydrants F03</p> <p><input type="checkbox"/> First Aid Supplies F11</p> <p><input type="checkbox"/> Flashers F05</p> <p><input type="checkbox"/> Fleet F12</p> <p><input type="checkbox"/> Flooring F07</p> <p><input type="checkbox"/> Floral Décor F13</p> <p><input type="checkbox"/> Flush Line F06</p> <p><input type="checkbox"/> Flush Out F08</p> <p><input type="checkbox"/> Franklin Quest Products F09</p> <p>G</p> <p><input type="checkbox"/> Gardening/Landscaping Services G06</p> <p><input type="checkbox"/> Gas Chlorination Parts G03</p> <p><input type="checkbox"/> General Construction G01</p> <p><input type="checkbox"/> General Contractor G04</p> <p><input type="checkbox"/> General Engineering G02</p> <p><input type="checkbox"/> Generators G05</p> <p><input type="checkbox"/> Geotechnical Services G08</p> <p><input type="checkbox"/> Graffiti Removal G07</p> <p><input type="checkbox"/> Graphic Design G09</p> <p>H</p> <p><input type="checkbox"/> Hauling H02</p> <p><input type="checkbox"/> Hazardous Waste Removal H01</p> <p>I</p> <p><input type="checkbox"/> Industrial Oils I02</p> <p><input type="checkbox"/> Industrial Supplies I03</p> <p><input type="checkbox"/> Inspection I01</p> <p><input type="checkbox"/> Investments I05</p> <p><input type="checkbox"/> IT Services I04</p> <p>J</p> <p><input type="checkbox"/> Janitorial Services J01</p> <p>L</p> <p><input type="checkbox"/> Laboratories Sampling L03</p> <p><input type="checkbox"/> Laboratory Equipment/Testing L04</p> <p><input type="checkbox"/> Purification P17</p>
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- Land Leasing L15
- Land Use Entitlement L14
- Landscaping L01
- Large Meter – Replacement L06
- Large Meter – Testing L07
- Large Water- Meters L10
- Legal Consulting L12
- Lineman’s Equipment L05
- Locksmith L13
- Low Voltage Communities L02
- Lubricating Products L08
- Lumber L09
- M**
- Machinery & Pumps M01
- Maintenance Supplies M07
- Maintenance Work M11
- Mailing Equipment M10
- Mailing Services M06
- Manufacture M04
- Market Research & Communication M14
- Mechanical – Repairs M09
- Media M13
- Medical Supplies M08
- Meter Boxes M12
- Meter Installation M05
- Meter Reading M02
- Meter Repairs M03
- N**
- _____
- O**
- Office Design O03
- Office Machine Maintenance O01
- Office Relocation O02
- Office Supplies O06
- Office Supplies – Equipment O04
- Office Supplies – Furniture O05
- P**
- Paint/Decoration P01
- Paving P02
- Pest Control P09
- Photography P11
- Pipe Fittings and Valves P12
- Pipeline P03
- Pipeline Install & Convey P04
- Plant Work P14
- Plastic Service P13
- Plumbing P10
- Pole Installation P05
- Printing – Stationary/Forms P15
- Professional Services P06
- Promotional Items P18
- Public Relations Consultant P20
- Publishing/Periodicals P19
- Pump Maintenance P07
- Pump Testing P08
- Pumps/Pumping Equipment P16
- Underground Location U01

- R**
- Radio Repair/Installation R09
- Radios R05
- Real Estate Acquisitions R10
- Real Estate Brokerage R11
- Recruitment and Staffing R12
- Recycling R07
- Rental/Leasing R04
- Reservoir/Tank Construction R02
- Reservoir/Tank Maintenance R03
- Rock and Sand R06
- Roofing R01
- Roofing Material R08
- S**
- Safety Equipment S25
- Safety Training S10
- Sampling S01
- SCADA Consulting S24
- Scrap Disposal S22
- Security Services S09
- Security System S02
- Sewage Treatment S03
- Shipping Services S14
- Sign Installation S04
- Signs and Banners S15
- Small Meter S12
- Small Meter – Replacement S17
- Small Meter – Testing S18
- Soil & Ground Water S05
- Sprinkler Contractor S11
- Sprinkler Controls S19
- Storage Containers S20
- Storage Tank Removals S06
- Storm Drains S07
- Street Lighting & Signal System S16
- Structural Steel Fabrication S08
- Surveying S23
- Switches S21
- T**
- Tank Services T06
- Telephone T08
- Telephone - Cellular T07
- Telephone Installation T01
- Temporary Services T04
- Tenting T09
- Tools/Hardware Supplies T10
- Towing Services T11
- Training T05
- Transporting/Freight T17
- Trash Pick Up T12
- Travel Services T14
- Tree Maintenance T02
- Tree Services T13
- Trenching T03
- Trucking Services T15
- U**
- Water Hauler, Potable W13

