

16 North First Avenue – St. Charles, Illinois 60174
 Phone 630/587-0470 – Fax 630/587-0475

Facsimile Cover Sheet

To:	Denise	From:	Colin F. Shulick
Representing:	District 300 Purchasing	Representing:	Trotter and Associates
Fax:	847.428.0964	Pages:	3 <i>Including cover sheet</i>
Phone:	847.426.1300 Ex 362	Date:	October 18, 2006
Re:	Vendor Application	Project No.:	N.A.
Original to Follow via Mail:	No	CC:	file

Comments:

Denise,

Attached please find our completed vendor application form as requested. As I told you this morning our work with the district will be on a time and material basis for now, until a more defined scope can be determined. I would estimate that a budgetary number of \$5000 may be used for now.

Also please add us to your bidders list for any Civil engineering or Land Surveying projects the district may have in the future. Trotter and Associates, Inc is a full service engineering/surveying firm and we are very interested in assisting the District with it's upcoming engineering needs.

Thanks Again for your help this morning,

Colin F. Shulick – Vice President
 Trotter and Associates, Inc

Confidentiality Note

The documents accompanying this facsimile transmission and the facsimile transmittal sheet contain information from the engineering firm of Trotter and Associates, Inc. which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmittal. If you are not the intended recipient, be aware that any disclosure, copying or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the documents at no cost to you. Thank you for your cooperation.

FILE

847-428-0964
DENISE



COMMUNITY UNIT SCHOOL DISTRICT 300
PURCHASING DEPARTMENT
300 Cleveland Avenue
Carpentersville, Il. 60110
847-426-1300 x362
Fax: 847-428-0964

VENDOR APPLICATION FORM (SUBJECT TO LOCAL LAWS)	APPLICATION DATE
Fill in all spaces. Insert "NA" in blocks not applicable. Type all entries	REVISION DATE

DATE: 10-18-06

COMPANY <i>ENGINEERS & SURVEYORS</i> <i>TROTTER & ASSOC., INC.</i>	HOW LONG IN PRESENT BUSINESS? <i>7 YEARS</i>
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ADDRESS <i>16 N 1ST AVENUE</i>	CITY <i>ST. CHARLES</i>	STATE <i>IL</i>	ZIP <i>60174</i>
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CONTACT PERSON/REPRESENTATIVE <i>COLIN F. SHUKICK</i>	FAX NUMBER <i>(630) 587-0475</i>	PHONE AND EXTENSION <i>(630) 587-0470</i>
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TYPE OF ORGANIZATION (Check Applicable) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION	IF INCORPORATED INDICATE IN WHICH STATE <i>ILLINOIS</i>
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YEARS ESTABLISHED:

CATEGORY (Check below the category which applies to the applicant)

<input type="checkbox"/> (A) MANUFACTURER OR PRODUCER	<input type="checkbox"/> (C) RETAILER	<input type="checkbox"/> (E) DISTRIBUTOR
<input type="checkbox"/> (B) WHOLESALER	<input type="checkbox"/> (D) MANUFACTURER'S AGENT	<input checked="" type="checkbox"/> (F) SERVICE ESTABLISHMENT

NAMES OF OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

(A) PRESIDENT *ROBERT SCOTT TROTTER* (B) VICE PRESIDENT *COLIN F. SHUKICK*

(C) SECRETARY *KEVIN F. MEYERS* (D) TREASURER

(E) OWNERS, PARTNERS, OR STOCKHOLDERS
MARK R. SIKORA

TAXPAYER'S I.D. NO. FEIN <i>30-4278005</i> or S.S. No. _____	INSURANCE INFORMATION (Check Applicable) LIABILITY INSURANCE: \$2,000,000 <input checked="" type="checkbox"/> \$2,500,000 <input type="checkbox"/> <i>CAMBRELLA</i> \$5,000,000 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Workers' Compensation: State Minimum <input type="checkbox"/> Greater than Minimum <input checked="" type="checkbox"/> Required that CUSD be named as an Additional Insured <input type="checkbox"/> INSURANCE CO. <i>HASTINGS MUTUAL INS.</i>
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BONDING INFORMATION (Check each area in which you have been bonded and the latest date of bonding)

Perf. Bond _____ / _____ Mo. Year	<input type="checkbox"/> Payment Bond (Labor and Materials) _____ / _____ Mo. Year	<input type="checkbox"/> Builder's Risk _____ / _____ Mo. Year
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PERSONS AUTHORIZED TO SIGN QUOTES, PROPOSALS, BIDS AND CONTRACTS:

NAME	OFFICIAL CAPACITY
<i>COLIN F. SHUKICK</i>	<i>VICE PRESIDENT</i>
<i>ROBERT SCOTT TROTTER</i>	<i>PRESIDENT</i>

Average number of employees (including affiliates) for four preceding calendar quarters. <i>10</i>	Average annual sales for preceding three fiscal years: <i>2.2 MIL.</i>	Floor Space (Square Feet)		4/10/01
		Manufacturing <i>N/A</i>	Warehouse <i>N/A</i>	

MINORITY/WOMEN BUSINESS ENTERPRISE (Check One) See Definitions Below <input type="checkbox"/> MBE <input type="checkbox"/> MBE/WBE <input type="checkbox"/> WBE	FOR USE BY CONTRACT COMPLIANCE ONLY: BY: _____ DATE _____ <input type="checkbox"/> C <input type="checkbox"/> NC
MINORITY GROUP MEMBERSHIP (Check One) See Definitions Below NOTE: DO NOT COMPLETE THIS SECTION UNLESS YOU HAVE CHECKED ONE OF THE BOXES IN THE MINORITY/WOMEN BUSINESS ENTERPRISE SECTION ABOVE. <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> HISPANIC AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN-PACIFIC AMERICAN	

MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE DEFINITIONS

MINORITY BUSINESS ENTERPRISE ("MBE") means a certified participating business at least 51 percent (51%) of which is owned and controlled by one or more members or one or more minority groups, or in the case of a publicly held corporation, 51 percent (51%) of the stock is owned by one or more members of one or more minority groups and whose daily business operations are controlled by one or more such individuals.

WOMEN'S BUSINESS ENTERPRISE ("WBE") means a certified participating business at least 51 percent (51%) of which is owned by one or more women, or in the case of a publicly held corporation, 51 percent (51%) of the stock of which is owned by one or more women and whose daily operations are controlled by one or more such individuals. Determination of whether a business is at least 51 percent (51%) owned by a woman or women shall be made without regard to community property laws.

MINORITY GROUP MEMBER is an individual who is one of the following:

- AFRICAN AMERICAN OR BLACK** (persons with origins in any of the Black racial groups of Africa);
- HISPANIC AMERICAN** (persons of Spanish culture with origins in Puerto Rico, Mexico, Cuba, South or Central America, Spain, Portugal or the Caribbean Islands regardless of race);
- NATIVE AMERICAN** (American Indian);
- ASIAN-PACIFIC AMERICAN** (persons with origins from Japan, China, the Phillipines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, or the Indian subcontinent).

IF YOU HAVE EVER DONE BUSINESS WITH THE SCHOOL DISTRICT UNDER ANOTHER NAME, PLEASE INDICATE NAME OR NAMES.

NO WE HAVE NOT.

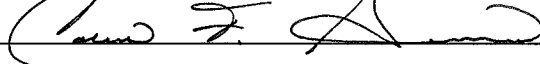
Give names, complete addresses, buyer's names and phone numbers of four of your customers. (Please include Federal, State or City Governments).

ORGANIZATION	ADDRESS, STATE, ZIP	BUYER	PHONE NUMBER
1. <u>ILL SCHOOL DISTRICT UALE</u>	<u>(LAKO PONCE) 355 EAST CHICAGO, ELMON, IL</u>		<u>847-888-5000</u>
2. <u>BAT PARK DISTRICT</u>	<u>327 WEST WILSON, BATAVIA, ILL, 60510</u>	<u>(TIM EBY)</u>	<u>630-879-5235</u>
3. <u>NMWRD</u>	<u>400 TIMBER TRAIL, ISLAND LAKE, IL, 60042</u>	<u>(DOROTHY BANGALE)</u>	<u>847-526-3300</u>
4. <u>DEKALB SANITARY DISTRICT</u>	<u>303 HULLISTER AVE, DEKALB, IL, 60115</u>	<u>(MIKE LIMA)</u>	<u>815-758-3513</u>

Bank References

NAME OF BANK	ADDRESS, STATE, ZIP	CONTACT PERSON	PHONE NUMBER
<u>ORD SECOND NATIONAL</u>	<u>37 S. RIVER ST, AURORA, 60506</u>	<u>DON PRIMER</u>	<u>630-844-8750</u>
<u>FIRST CHOICE BANK</u>	<u>1900 W. STATE ST, GENEVA, 60134</u>	<u>TERRY PAROLA</u>	<u>630-845-7877</u>

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is not debarred or otherwise declared ineligible by any public agency from furnishing materials, supplies or services to any agency thereof.


SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION
<u>COLIN E. SHULICK, VICE PRESIDENT</u>
NAME AND TITLE OF PERSON SIGNING (Please type or print)

PERSONS OR BUSINESSES INTERESTED IN BEING ADDED TO THE BIDDER'S LIST MUST FILE THIS APPLICATION WITH THE PURCHASING DEPARTMENT.

AFTER PLACEMENT ON THE BIDDERS' LIST, A VENDOR'S FAILURE TO RESPOND TO INVITATIONS FOR BIDS WILL BE UNDERSTOOD BY THE SCHOOL DISTRICT TO INDICATE LACK OF INTEREST AND SHALL RESULT IN THE REMOVAL OF THE VENDOR'S NAME FROM THE BIDDERS' LIST FOR THE ITEMS CONCERNED.

NOTE: ANY CHANGES TO INFORMATION SUBMITTED (ADDRESSES, AUTHORIZED PERSONNEL, ETC.,) WILL REQUIRE A REVISED COPY OF THIS FORM. ADDITIONAL FORMS MAY BE OBTAINED BY CONTACTING THE PURCHASING DEPARTMENT AT THE ADDRESS SHOWN ON THE FRONT OF THIS FORM.

USE BY COMMUNITY UNIT SCHOOL DISTRICT 300 ONLY

VENDOR I.D. NUMBER	APPROVED BY	DATE	W9	COMM LIST
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