



**Government of the District of Columbia
Department of Energy & Environment
Inspection & Enforcement Division**

**Stormwater Management (SWM) Maintenance Service Contractor Questionnaire
(All items must be completed; submit forms to contact listed below)**

Name and Address of Company:

Telephone #: _____ **Fax #:** _____

E-mail: _____ **Web address:** _____

Required response			Please select the SWM Best Management Practice (BMP) maintenance contractor list you are requesting to be added to:
Green Infrastructure	Gray Infrastructure	Green Roof	
			<div style="border: 1px solid black; padding: 5px;"> <p align="center">DO NOT WRITE (DDOE ONLY)</p> <p>Approval Signature: _____</p> <p>Approval Date: _____</p> <p>Approved for:</p> <p>___ Green Infrastructure BMP</p> <p>___ Gray Infrastructure BMP</p> <p>___ Green Roof BMP</p> </div>
			<p>___ Green Infrastructure BMP (ex: LID, bioretention, permeable pavers, rainwater harvesting, other)</p> <p>___ Gray Infrastructure BMP (ex: Sand filter, concrete vault/chamber, other)</p> <p>___ Green Roof BMP</p>
			1. List business license/certifications related to your business operation in DC (Attach Copy).
			2. Types of BMP maintenance services provided (Attach List).
			3. Inventory of all equipment used for BMP maintenance (Attach List).
			4. Do all field staff of your company have the following trainings? (Attach copy).
			(a) Confined Space Training Y___ N___
			(b) Fall Protection Training Y___ N___
			5. Does your company have the ability to characterize materials to be transported and disposed of? Y___ N___ (Attach copy of methods, operating procedures or laboratory used).
			6. List disposal sites used for residuals and liquid waste recovered. _____ _____ _____
			7. Resident state oil control permit number State _____ Permit # _____
			8. Name and address of resident agent in District of Columbia for company (If applicable). _____ _____ _____
			9. List of completed projects for the category you are applying for; (1) year of related experience minimum. Show scope of work performed on each project.

Printed Name: _____ **Signature:** _____ **Date:** _____

Submit forms by email to:
Alecia Donaldson
alecia.donaldson@dc.gov
(202) 480 - 3867