

Drainage System Contractor CERTIFICATION

I, _____, agree to obey the laws of the State of Minnesota and the following policies of the Pelican River Watershed District ("District") for work conducted on Drainage Systems 11, 12, 13 and 14.

1. **Designated Work Areas.** I understand only tree and dam removal and beaver trapped on Becker County Drainage Systems 11, 12, 13, and 14 are eligible for payment.
2. **Drainage Authority Pre-Approval and Authorization Requirement.** I understand the District Drainage Authority or Inspector will provide me with a *written work order prior to commencing work* and will *designate the areas* on a map where work is to occur within the drainage system. I will make every reasonable effort to contact landowners or farm operators prior to conducting work or trapping on their property.
3. **Payment.** I understand work will be paid upon completion of work as designated on work order issued. The Drainage Authority will verify work completed and number of beavers eliminated.

To claim a payment, I understand I must:

- A. Complete a request for payment claim form for each location where work or trapping was conducted. Include a 2-inch or more end of each beaver tail to the District Office to verify beavers trapped.
- B. Claims should be submitted for review to the District Office prior to the Board of Managers regular monthly meeting (3rd Thursday of the Month).

4. **Non-Payment.** I understand I will be ineligible for payment for work conducted and beaver trapped without prior approval by the Drainage Authority or Inspector.
5. **Independent Contractor.** I understand that I am not an employee of the Pelican River Watershed District and the District is not liable for any injuries or damages incurred while removing dams/blockages, tree removal, or in the performance of any associated work or services provided to the District Drainage Authority and I understand it is my sole obligation and responsibility to procure, maintain, and pay for required general liability insurance.

Signed _____ Date _____

Address _____

City, State, Zip _____

Phone: _____

Email: _____

This form and a completed W-9 must be completed or verified annually and on file at the District office prior to commencing work.