

# RESPONSIBLE OPERATOR UPDATE FORM

<b>Date:</b>	
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This form is to be completed annually by operators on the St. Louis County Land and Minerals Department Responsible Operators List (ROL). A company or person must be on the Responsible Operators List in order to:

- bid on a contract with the Land and Minerals Department
- hold a contract with the Land and Minerals Department
- work on St. Louis County tax forfeited lands

The UPDATE Form can be submitted to:

St. Louis County Land and Minerals Department  
Government Services Center  
320 West 2<sup>nd</sup> Street, Suite 302  
Duluth Minnesota, 55802

Phone – 218-726-2606  
Fax – 218-726-2600

## Part 1 General Information

### 1.1 Business Information

<b>Business Name</b>			
<b>Address</b>			
<b>City</b>			
<b>State</b>		<b>Zip</b>	

### 1.2 Company Contacts

<b>Primary Contact:</b>		<b>Alternate Contact:</b>	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>Office Phone</b>		<b>Office Phone</b>	
<b>Shop Phone</b>		<b>Shop Phone</b>	
<b>Cellular</b>		<b>Cellular</b>	
<b>Fax</b>		<b>Fax</b>	
<b>E-Mail</b>		<b>E-Mail</b>	

### 1.3 Field Operator Services

**Instructions:** Describe services provided by you or your company  
(Attach relevant promotional or descriptive information as appropriate).

	<b>Trucking</b>		<b>Site Preparation</b>		<b>Gravel Extraction</b>		<b>Road Maintenance</b>
	<b>Harvesting</b>		<b>Tree Planting</b>		<b>Pest Management</b>		
	<b>Road Construction</b>		<b>Pesticide Appl.</b>		<b>Pre-comm. Thin.</b>		
<b>Other Services:</b>							

Responsible Operator UPDATE Form

**PART 2  
Logger Training**

**Per Sustainable Forestry Initiative 2015-2019 (2021) ®**

**Objective 11, Performance Measure 11.2** *Program Participants* shall work – individually and/or with *SFI Implementation Committees*, logging or *forestry* associations or appropriate agencies or others in the *forestry* community – to foster improvement in the professionalism of *wood producers*.

**Indicator 3** – Participation in or support of SFI Implementation Committees to establish criteria for recognition of logger certification programs, where they exist...

**Timber Sale Operators** must have the following minimum training for at least the owner of the firm and the foreman who will supervise the logging on St. Louis County Lands:

- Master Logger Certification; or
- Minnesota Logger Education (MLEP) Member in good standing; or
- "SFI Trained" FISTA member; or
- Training equivalent to the Minnesota SFI Implementation Committee Training Standard for a trained Professional Logger.

Indicate what training you and your employee's have had below. Put MLEP or FISTA membership under 3.2 below.

**Instructions:** To harvest timber on county land, each crew must operate under the direction of an individual with on-site responsibility who has completed or is completing MLEP (or other SFI recognized) training. List all employees who have or will have completed logger training. Use back of page if necessary.

Name (Please Print Clearly)	MLEP	FISTA	Other (Please Specify)

I understand and acknowledge that it is my responsibility to know and comply with St. Louis County Policies and all prescribed regulations.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE WITH  
MINNESOTA WORKERS' COMPENSATION LAW  
Minn. Stat. § 176.182**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. In addition, the County shall not enter into a contract for the doing of any public work before receiving acceptable evidence of compliance with workers' compensation insurance coverage requirements. Furthermore, if this information is not provided or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_ **(Not the insurance agency)**

Policy No: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

**OR**

Applicant is not required to have workers compensation liability coverage because (check one):

- Applicant has no employees
- Applicant is self-insured (include a copy of your permit to self-insure)
- Applicant has no employees who are covered by workers' compensation

**OR**

- Certificate of Insurance is attached

**GRANTEE/CONTRACTOR:**

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

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

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

Company/Business Name: \_\_\_\_\_