

APPLICATION FOR SMALL WORKS ROSTER

PORT OF WHITMAN COUNTY

**302 N. Mill Street
Colfax, WA 99111
FAX (509) 397-4758
portwhit@stjohncable.com**

IF YOU WISH TO BE PLACED ON THE SMALL WORKS ROSTER OF THE PORT OF WHITMAN COUNTY, THE FOLLOWING APPLICATION MUST BE COMPLETED IN ALL PARTICULARS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

YOU ARE NOTIFIED THAT THE PORT OF WHITMAN COUNTY COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (RCW 39.12) AND REQUIRES ALL CONTRACTORS TO COMPLY.

FURTHER QUESTIONS CONCERNING THIS APPLICATION MAY BE DIRECTED TO DEBBIE SNELL, PORT PROPERTIES AND DEVELOPMENT MANAGER AT 509-397-3791.

Roster effective Dates: January 1, 2009 through December 31, 2009.
Once submitted, application is valid for three years.

1. Name of Company _____

2. Name of Contact Person _____

Business Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

3. Type of Business: (Check Appropriate Choice)

_____ Incorporated _____ Partnership _____ Sole Proprietorship

If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address:

Name _____

Address _____

City _____ State _____ Zip _____

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4. Minority Contractor: Yes No
5. Federal Tax Identification Number _____
6. State Licensing Information:
State of Washington Contractor's Registration No. _____

Contractor's Bond Information:

Name of Bonding Company _____

Amount of Bond _____ Bond No. _____

Licensed as: (Check Appropriate Choice)

General Contractor) Please list type of work you are interested in bidding)

Specialty Contractor (Please check specialty/specialties)

<input type="checkbox"/> Carpentry/Framing	<input type="checkbox"/> Glazing/Glass	<input type="checkbox"/> Roofing
<input type="checkbox"/> Carpet Laying Systems	<input type="checkbox"/> Gutters/Downspouts	<input type="checkbox"/> Sanitation
<input type="checkbox"/> Concrete	<input type="checkbox"/> HVAC	<input type="checkbox"/> Siding/not wood
<input type="checkbox"/> Electrical	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Signs,Non-electrical
<input type="checkbox"/> Excavating/Grading	<input type="checkbox"/> Painting/Wall cover	<input type="checkbox"/> Steel Building
<input type="checkbox"/> Fencing	<input type="checkbox"/> Paving/Striping	<input type="checkbox"/> Telecom/Cable
<input type="checkbox"/> Fire Protection System	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Other (Specify) _____		

Date _____ Prepared by _____
(Signature)

(Please Print Name)

Title