



Small Works Roster Application

Glenwood School District
P.O. Box 12
Glenwood, WA 98619
509-364-3438
Contact: Jaecee Hctor

Company Name: _____

Address (mailing): _____ Zip Code _____

Contact Name: _____ Title _____

Telephone: _____ email: _____

Washington State Contractors License #: _____ Expiration Date: _____

Washington State Account Numbers:

Dept. of L & I: _____

Dept. of Employment Security: _____

Dept. of Revenue: _____

Type of Business:

<input type="checkbox"/>	Individual	Date formed: _____	<input type="checkbox"/>	Corporation	Date formed: _____
<input type="checkbox"/>	Partnership	Date formed: _____	<input type="checkbox"/>	Other	Date formed: _____

Prevailing Wages – Applicant hereby agrees to pay prevailing wages as determined by the State of Washington Department of Labor & Industries on all labor.

Liability Insurance:

- Company _____
- Agent: _____ Phone _____

Payment/Performance bond: (Bonding required on all projects unless noted otherwise)

- Company _____ Limits _____
- Agent: _____ Phone _____

In order that we may properly evaluate your ability to provide contract services, please answer, the following questions in full:

1. List Principal(s): (owners, partners, corporate officials)

Name: _____ Title & Duties _____

Name: _____ Title & Duties _____

Name: _____ Title & Duties _____

2. Bank Name: _____ Address _____

Bank Name: _____ Address _____

2. List previous client references for whom work has been performed:

Company: _____ Contact _____

Project: _____

Company: _____ Contact _____

Project: _____

Company: _____ Contact _____

Project: _____

3. Please check the type of work your company is able to perform.

Hazardous Material Abatement

Carpentry/Framing

HVAC

Electrical

Concrete

Plumbing

General Contractor

Excavating

Roofing

Fire Alarm

Painting

Fencing

Other _____