



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

**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 \_\_\_\_\_

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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 \_\_\_\_\_