



1 Port Way
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SMALL WORKS ROSTER APPLICATION – 2018

COMPANY NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

TELEPHONE _____ FAX _____

CONTACT EMAIL _____

TYPE OF OWNERSHIP ___ Corporation ___ Sole Proprietor ___ Partnership ___ LLC (specify type of LLC)

MINORITY OR WOMAN-OWNED BUSINESS ___ MBE ___ WBE

CONTRACTOR LICENSE # _____ FEDERAL TAX ID # _____

WASHINGTON STATE BUSINESS (UBI) #: _____

CHECK THE BOXES THAT BEST DESCRIBE THE TYPE OF CONTRACT WORK YOUR FIRM IS QUALIFIED TO PERFORM:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Environmental/Hazardous Waste | <input type="checkbox"/> Painting | <input type="checkbox"/> Sewage Systems |
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> General Construction | <input type="checkbox"/> Paving/Gravel | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Comm. Appliance Repair | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Hydro seeding | <input type="checkbox"/> Pump & Motor Repair | <input type="checkbox"/> Water System Repair |
| <input type="checkbox"/> Directional Drilling | <input type="checkbox"/> Insulation/Weatherization | <input type="checkbox"/> Railroad Repair | <input type="checkbox"/> Weed/Rodent Abatement |
| <input type="checkbox"/> Diving/Underwater | <input type="checkbox"/> Landscaping & Maintenance | <input type="checkbox"/> Roofing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical | | | |

LIST THREE REFERENCES THAT CAN SPEAK TO YOUR PAST WORK EXPERIENCE:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I acknowledge that I have read and understand the requirements of the application, and to the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Prepared by (name and title) _____ Signature _____ Date _____

The Port of Columbia's mission is to maximize public resources and private investment to create jobs, provide infrastructure, and maintain and improve the economic vitality of Columbia County and its communities.