



1 Port Way
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SMALL WORKS ROSTER APPLICATION – 2019

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:

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

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