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## SMALL WORKS ROSTER APPLICATION - 2024

	COMPANY NAME					
	ADDRESS					
	CITY		ST_	ZIP		
	TELEPHONE		F	AX		
	CONTACT EMAIL					
	TYPE OF OWNERSHIP	_ Corporation Sole Propriet	or _	Partnership	_ LLC (s	specify type of LLC)
	MINORITY OR WOMAN-OWNED BUSINESSMBEWBE					
	CONTRACTOR LICENSE # FEDERAL TAX ID #					
	WASHINGTON STATE BUSINESS (UBI) #:					
	CHECK THE BOXES THAT BE	ST DESCRIBE THE TYPE OF CONT	RAC	T WORK YOUR FIRM IS	QUALIF	FIED TO PERFORM:
	Architecture/Engineering  Asbestos Abatement	Environmental/Hazardous Waste General Construction		Painting Paving/Gravel		Sewage Systems Snow Removal
	Comml. Appliance Repair	HVAC		Plumbing		Storm Drainage
П	Concrete/Masonry	Hydro seeding		Pump & Motor Repair		Water System Repair
	Directional Drilling	Insulation/Weatherization		Railroad Repair		Weed/Rodent Abatement
	Diving/Underwater	Landscaping & Maintenance		Roofing		Other
	Electrical  LIST THREE REFERENCES THAT CAN SPEAK TO YOUR PAST WORK EXPERIENCE:					
	Name	Address	Address		Phone	
		that I have read and understand the rec				
	a.a.a.i provided is a cide represer	issues. Or the named into a dointy to per	.01111	a, contracts which may re	Jane by 3	azcar or and appreadon.
	Prepared by (name and t	itle) Signatur	Signature		Date	