

City of College Place
PUBLIC WORKS SMALL WORKS ROSTER

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Submitting contractor is prepared to offer construction services in the following areas (check all areas of qualification):

- | | | | |
|--|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Engineering | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Drilling | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Hazardous Materials | | <input type="checkbox"/> Other | |

Washington State Contractors License #: _____

Is your firm registered as W/M/DBE Yes No

Registration #: _____

Type of Business: Sole Proprietorship Partnership Corporation

In Business Since: _____

List Principals (owners, partners, corporate officials):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

List Contractor's financial standing and responsibilities (i.e. bonding capacity). Bonding will be required on jobs over \$25,000. Jobs under \$25,000 will be paid at 50% during the project and the final 50% at the satisfactory completion.

Professional References:

Date: _____

This application will be held on file for a period of one year.