

APPLICATION FOR SMALL WORKS ROSTER

Port District #1 Wahkiakum County 500 2nd St Cathlamet, WA 98612

Office 360.795.3501 Fax 360.795.3378

1) Company Name: _____

2) Contact Person: _____

Alternative Contact: _____

Business Address: _____

City, State and Zip code: _____

Phone: _____ Fax#: _____

Email Address: _____

3) Type of Business:

Incorporated: _____ Partnership: _____ Sole Proprietorship: _____

If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address:

Name: _____

Address: _____

City, State and Zip code: _____

4) Minority Contractor: Yes _____ No _____

5) Federal Tax Identification No.: _____

6) State Licensing Information:

State of Washington Registration #: _____

Contractor Bond Information: Name of Bonding Co.: _____

Bond# _____ Amount of Bond: _____

Licensed As:

_____ General Contractor(please indicate type of work you are interested in)

_____ Specialty Contractor(please list specialty) _____

Date: _____

(Signature)

(Please print name)

Please note that Port District No. One of Wahkiakum County, Washington complies with the Prevailing Wage Law of the State of Washington (RCW39.12) and requires all contractors to comply.