

## **Small Works Roster Application**

COMPANY NAME:	
CONTRACT CONTACT NAME:	
ADDRESS: (Plant)	
(Billing)	
TELEPHONE:	FAX:
E-MAIL:	
	RTNERSHIP CORPORATION
UBI #	
Washington State Contractor's License #  1. List Principals: (owner, partne	ers, corporate officials)
Name	Title & Duties
Name	Title & Duties
Name	Title & Duties
2. Banking Reference(s):	
Name	Address
Name	Address

3.	Business References (minimum o	f three)
Co	mpany	Telephone
4.	4. For what type of work do you wish to submit proposals?	
	General Contractor Electrical Alarm – Fire Inspection Telephone Equipment Controls - HVAC Plumbing Irrigation	Landscape Tree Removal Excavation/Dirt Works Asbestos Removal Track & Field Surfaces Water Systems Other
5.	Is your firm? MBE WBE	MWBEN/A
6.	all qualifying projects. Performance, be requested. Are you willing to com Yes No	nd "Affidavit of Wages Paid" forms must be provided on payment bond and/or certificate of insurance may also aply?'  that I have read and understand the requirements
	described in this application and to t	the best of my knowledge the information provided is a m's ability to perform any contracts which may result by
	Name	Title
	Signature	Date

Please fax completed form to (360) 748-8899, or mail to Chehalis School District, 310 SW  $16^{\rm th}$  Street, Chehalis WA 98532 to the attention of Heather C. Pinkerton.