



LEARNERS TODAY. LEADERS TOMORROW.

## Small Works Roster Application

COMPANY NAME: \_\_\_\_\_

CONTRACT CONTACT NAME: \_\_\_\_\_

ADDRESS: (Plant) \_\_\_\_\_

(Billing) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

\_\_\_\_ INDIVIDUAL      \_\_\_\_ PARTNERSHIP      \_\_\_\_ CORPORATION

UBI # \_\_\_\_\_

Washington State Contractor's License # \_\_\_\_\_

### 1. List Principals: (owner, partners, corporate officials)

Name	Title & Duties
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### 2. Banking Reference(s):

Name	Address
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Ed Rothlin  
Superintendent

Mary Lou Bissett  
Assistant Superintendent

Heather C. Pinkerton  
Director of Business & Operations

3. Business References (minimum of three)

_____	_____
Company	Telephone
_____	_____
Company	Telephone
_____	_____
Company	Telephone
_____	_____
Company	Telephone
_____	_____
Company	Telephone

4. For what type of work do you wish to submit proposals?

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Landscape
<input type="checkbox"/> Electrical	<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Alarm - Fire Inspection	<input type="checkbox"/> Excavation/Dirt Works
<input type="checkbox"/> Telephone Equipment	<input type="checkbox"/> Asbestos Removal
<input type="checkbox"/> Controls - HVAC	<input type="checkbox"/> Track & Field Surfaces
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Water Systems
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other _____

5. Is your firm?  MBE  WBE  MWBE  N/A

6. **“Intent to Pay Prevailing Wage”** and **“Affidavit of Wages Paid”** forms must be provided on all qualifying projects. Performance/payment bond and/or certificate of insurance may also be requested. Are you willing to comply?

Yes  No

By signature below, I acknowledge that I have read and understand the requirements described in this 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 the application.

_____	_____
Name	Title
_____	_____
Signature	Date

Please fax completed form to (360) 748-8899, or mail to Chehalis School District, 310 SW 16<sup>th</sup> Street, Chehalis WA 98532 to the attention of Heather C. Pinkerton.