



PO Box 2007, 1300 First Street
Cosmopolis, WA 98537
(360) 532-9230 Phone (360) 532-9215 Fax

Public Works Department

SMALL WORKS ROSTER ENROLLMENT APPLICATION

Projects Under \$15,000.00

Name of Business: _____

Business Address: _____

Street Address (If different): _____

Phone: _____ Fax: _____

E-mail: _____

Banking Reference

Name of Bank _____

Address _____ Zip _____

Phone _____

Type of Ownership:

Corporation Single Proprietorship Partnership

Minority and/or Women Owned Business: Yes No

Business License #: _____

Contractors License #: _____

Washington State Tax: _____

Check boxes that describe the type of work your firm qualifies to perform:

- | | | |
|--|---|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Building | <input type="checkbox"/> Concrete Placement/Finishing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Heating/HVAC | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Paving | <input type="checkbox"/> Road Grading |
| <input type="checkbox"/> Cleaning/Grubbing | <input type="checkbox"/> Waterfront or Marina | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Storm Drainage | <input type="checkbox"/> Sewer Systems |
| <input type="checkbox"/> Street Repair and Const | <input type="checkbox"/> Illumination | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Other _____ | | |

Describe Experience and Qualifications: _____

List 5 References:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Other information regarding your firm's ability to satisfactorily perform a contract:

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 this application.

Signature

Title