

2022 CITY OF WHITE SALMON SMALL WORKS ROSTER APPLICATION

Company.			
Mailing Address			
Street Address (if different from mailing address)			
City	State	Zip Code	
Telephone Number			
Fax Number			
E-Mail Address			
Type of Ownership Corporation Single Proprietorship Minority and Women Owned Businesses MBE	☐ Partnership	Other	
City of White Salmon Business License Number (not needed until you perform work within the city)			
Washington Contractor's License Number			
Washington State Tax Number (UBI)			
Federal Tax Identification Number			
Check boxes that describes types of work your firm is qualified to perform:			
□ Building □ Plu □ Concrete □ Rod □ Electrical □ Sto □ Heating □ Sev □ Masonry □ Str □ Painting □ Str □ Asphalt and Concrete Pavement □ Wa □ Road Grading □ Sto □ Demolition □ Sto □ Hazardous Material Removal/Abatement □ Irri □ Communications □ Lan	aning/Grubbing mbing ofing rm Drainage ver Systems eet Repair and Constructi eet Light Installation ter Systems rm Drainage Construction rm Drain Cleaning igation Systems ndscaping ulation ner:		

Describe experience and qualifications:		
List 5 references – include name, address and telep 1.	hone number:	
2.		
3.		
4.		
5.		
	satisfactorily perform a contract with the City of White	
Bonding Capacity: Washington State allows the Cir \$300,000 (including sales tax). Does your firm have If not, please state your limit: \$	ty to use the Small Works Roster for contracts up to bonding capacity to this limit? Yes No	
	I and understand the requirements described in this formation provided is a true representation of the named result by submittal of this application:	
Name & Title of Preparer/typed/printed	Signature	
Date		

APPLICATIONS MUST BE SUBMITTED ON AN ANNUAL BASIS