



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
_____	_____
_____	_____
_____	_____

2. Banking Reference(s):

Name	Address
_____	_____
_____	_____

Dr. Christine Moloney
Superintendent

Trisha Smith
Assistant
Superintendent

Heather C. Pinkerton
Director of Business & Operations

310 SW 16th St Chehalis, WA 98532

T 360 807 7200

F 360 748 8899

www.chehalisschools.org

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 16th Street, Chehalis WA 98532 to the attention of Heather C. Pinkerton.