

CITY OF COLVILLE
170 S Oak Street
Colville, WA 99114

SMALL WORKS ROSTER APPLICATION

COMPANY NAME: _____

OWNER NAME: _____

SITE ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: (____) _____ CELLULAR# (____) _____

FAX # (____) _____ EMAIL ADDRESS: _____

Type of Ownership:

Corporation Single Proprietorship Partnership

Minority/Women-Owned Business Status (if applicable) _____

Certification No.: _____

UNIFIED BUSINESS IDENTIFIER (UBI): ____ - ____ - ____

CONTRACTOR'S LICENSE NUMBER: _____

WASHINGTON STATE SALES TAX NUMBER: _____

INSURANCE CO.: _____

Agent's Name _____

Address _____

Phone No. _____

NOTE: Contractor must be able to provide as a minimum, the following insurance policy: Automobile Liability of \$1,000,000 covering all owned, non-owned, hired, and leased vehicles; commercial general Liability of \$1,000,000 single limit and \$2,000,000 aggregate; and Professional Liability of \$1,000,000. Failure to provide proof is grounds for disqualification from the roster. **SUBMIT A COPY OF YOUR BUSINESS' CERTIFICATE OF LIABILITY INSURANCE.**

BONDING CO.: _____

Contact Name: _____

Address: _____

Phone No.: _____

State your bonding capacity: \$ _____

As provided by Title VI of the Civil Rights Act of 1964, and the Civil rights Restoration Act of 1987, the contractor, with regard to work performed by it during the contract, shall not discriminate on the grounds of race, color, sex or national origin in the selection and retention of sub-contractors, including procurement of materials and leases of equipment.

Check boxes that describe the types 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 | <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 & Construction |
| <input type="checkbox"/> Illumination | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Other _____ | |

Optional: Comments regarding your firm's ability to satisfactorily perform a contract:

List five (5) references:

1. _____
2. _____
3. _____
4. _____
5. _____

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.

Typed Name & Title of Preparer

Signature

Date submitted: _____