

# Small Works Roster Application

**KCFD44**

32316 148<sup>th</sup> Ave SE  
Auburn, WA 98092  
Phone 253-735-0284  
Fax 253-735-0287

**Contractor's Firm Name:** \_\_\_\_\_

**Contact Person's Name:** \_\_\_\_\_  
First Name Middle Initial Last Name

**Emergency Phone Contact:** \_\_\_\_\_

**Preferred Method of Contact:** Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Other \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**(No P.O. Boxes)** \_\_\_\_\_  
City State Zip Code

**Type of Organization:** \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_ Corporation

**State of Incorporation** \_\_\_\_\_

**Name of Owners, Partners or Officers:** Chief Executive Officer \_\_\_\_\_  
Chief Financial Officer \_\_\_\_\_  
Corporate Secretary \_\_\_\_\_  
Corporate Attorney \_\_\_\_\_

**During the past five years, has the contractor been involved in any:**  
Construction bond forfeiture Yes \_\_\_\_\_ No \_\_\_\_\_  
Construction litigation Yes \_\_\_\_\_ No \_\_\_\_\_  
Claims exceeding ten percent of the contract price? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, attach a description and reasons for forfeiture, litigation or claims:**

**Washington State Contractors License No.** \_\_\_\_\_

**Specialty License and No.:** \_\_\_\_\_

**Is the firm certified by the Office of Minority and Women's Business Enterprise?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is yes, provide OMWBE Certificate No.:** \_\_\_\_\_

**How long has the firm been in present business (in years)?** \_\_\_\_\_

**If less than five years, name of predecessor business, if any:** \_\_\_\_\_

Firm Name

City/State Located

**Does the contractor maintain: General Liability Insurance (1,000,000 per occurrence) Yes \_\_\_\_\_ No \_\_\_\_\_**  
**1,000,000 aggregate, Combined Single Limit (CSL) and, Automobile liability of at least 1,000,000 per accident CSL**

**If no, describe coverage amounts carried:** \_\_\_\_\_

**A performance and payment bond is required for projects over \$25,000. State the dollar range of the contractor's bonding capacity (up to \$20,000):** \$ \_\_\_\_\_

**List Three Credit References**  
**Company**

**Phone No.**

**Contact Person**

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**List Three Workmanship References**

**Company**

**Phone No.**

**Contact Person**

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**In order to be placed on the Small Works Roster, applicants will be required to pay prevailing wages for District projects, in accordance with RCW 39.12.020. Do you agree to pay prevailing wages, should your company be selected for a District project? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Witness: (If Individual or Partnership)**

\_\_\_\_\_

**Approved:**

**Attest: (If Corporation)**

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Check type(s) or work for which you wish to be contacted: (Note: must have at least one (1) year experience for each area checked.)**

**Abatement Services (Hazardous Materials)**

**Painting & Industrial Coating**

**Asbestos Abatement**

**Plumbing**

**Apparatus Bay Doors**

**Roofing**

**Asphalt Paving**

**Septic Cleaning/Repair**

**Carpentry**

**Sheet Metal**

**Communication – Phone Installation**

**Window Installation & Repair**

**Communication – Radio**

**Briefly describe the nature and extent of experience (including license number applicable) for those items checked.**

**Concrete Structural**

**Drilling, Core & Rotary (incl. Water Wells, etc.)**

\_\_\_\_\_

**Electrical**

\_\_\_\_\_

**Fencing**

\_\_\_\_\_

**Flooring Installation & Maintenance**

\_\_\_\_\_

**Fuel Tank Maintenance**

\_\_\_\_\_

**General Construction**

\_\_\_\_\_

**HVAC**

\_\_\_\_\_

**Land Restoration/Reclamation**

\_\_\_\_\_

**Landscaping (including hydro seeding)**

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