



24 South "A" Street Washougal, WA 98671 / www.portcw.com / 360-835-2196

APPLICATION FOR SMALL WORKS ROSTER

IF YOU WISH TO BE PLACED ON THE SMALL WORKS ROSTER OF THE PORT OF CAMAS/WASHOUGAL, THE FOLLOWING APPLICATION MUST BE COMPLETED IN ALL PARTICULARS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

YOU ARE NOTIFIED THAT THE PORT OF CAMAS/WASHOUGAL COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (RCW 39.12) AND REQUIRES ALL CONTRACTORS TO COMPLY.

FURTHER QUESTIONS CONCERNING THIS APPLICATION MAY BE DIRECTED TO DEBRA ITZEN, CONTRACT SPECIALIST (360) 335-3678 or E-mail: debra@portcw.com

Roster Effective Dates: January 1, 2017 - December 31, 2017

1. Name of Company _____

2. Business Address _____

City _____ State _____ Zip _____

Telephone () _____ FAX () _____ E-Mail _____

3. Check Appropriate:

Incorporated Partnership Sole Proprietorship

If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address.

Name _____

Address _____

City _____ State _____ Zip _____

4. Federal Tax Identification No. _____

5. Washington Business License (UBI) No.: _____

6. Contractor's License (L&I) No.: _____

7. Contractor's Bond Information:

Name of Bonding Company _____

Bonding Capacity _____

8. Licensed as: (check appropriate)

_____ General Contractor

_____ Specialty Contractor
(Please state specialty(ies))

9. If you would like to have your business included in more than one category (i.e., electrical, plumbing, etc.), please indicate YES or NO here, and check the appropriate category(ies) on the attached list.

10. Have you ever worked for the Port? _____

If so, give the name(s) of the contract(s) _____

11. Is this a minority-owned* business? _____

12. Is this a woman-owned* business? _____

APPLICANTS MUST BE LICENSED CONTRACTORS IN THE STATE OF WASHINGTON, AND MUST SUBMIT A COPY OF THEIR CURRENT LICENSE, REGISTRATION, INSURANCE, AND BONDING INFORMATION WITH THE APPLICATION

The undersigned acknowledge(s) that he/she has read and understood the requirements to participate in the Small Works Roster process.

Signature: _____

Title: _____

Name: _____
(please print)

Date: _____

****The Port will direct its Request for Bid to the attention of this person.**

Below is a list of categories used by the Port. If you would like your company listed under one or more of these categories, please check the appropriate box(es):

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> HVAC | <input type="checkbox"/> |
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Insulation | <input type="checkbox"/> |
| <input type="checkbox"/> Backflow/RPB Test/Repair | <input type="checkbox"/> Landscaping | <input type="checkbox"/> |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Marine | <input type="checkbox"/> |
| <input type="checkbox"/> Carpet Installation | <input type="checkbox"/> Masonry | <input type="checkbox"/> |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Mechanical | <input type="checkbox"/> |
| <input type="checkbox"/> Demo | <input type="checkbox"/> Overhead Door | <input type="checkbox"/> |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Painting | <input type="checkbox"/> |
| <input type="checkbox"/> Docks/Piers | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> |
| <input type="checkbox"/> Doors/Hardware | <input type="checkbox"/> Plumbing | <input type="checkbox"/> |
| <input type="checkbox"/> Drain Cleaning | <input type="checkbox"/> Pumps | <input type="checkbox"/> |
| <input type="checkbox"/> Dredging | <input type="checkbox"/> Rail | <input type="checkbox"/> |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Septic/Sewer | <input type="checkbox"/> |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Sitework | <input type="checkbox"/> |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Surface Seals | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Suppression Systems | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> |
| <input type="checkbox"/> Fire Systems | <input type="checkbox"/> Tree Service | <input type="checkbox"/> |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> UST | <input type="checkbox"/> |
| <input type="checkbox"/> General | <input type="checkbox"/> Video | <input type="checkbox"/> |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Water Leak Detection | <input type="checkbox"/> |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Weed Control | <input type="checkbox"/> |
| <input type="checkbox"/> Hangars | <input type="checkbox"/> Well | <input type="checkbox"/> |
| <input type="checkbox"/> Hauling | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hazard Removal | <input type="checkbox"/> | <input type="checkbox"/> |