WALLA WALLA PUBLIC SCHOOLS #140
Facilities and Operations ◈ 509.527.3018 ◈ Fax 509.529.5561 ◈ sshake@wwps.org

SMALL WORKS ROSTER APPLICATION 2023-2024

Legal Business Name: _____
"Doing Business As" (DBA) Name: _____

Contact Name: _____
Contact Email:_____
Address: _____

Telephone: Office: _____ Cell: _____ Fax: _____
Type of Organization *(Check One)*: ☐ Individual ☐ Corporation☐ Partnership
If incorporated, indicate which state: _____

WA State Contractors License #: _____**Exp. Date:** _____
UBI #: _____ **Industrial Insurance Acct #:** _____
Contractor Insurance Info:
Firm Name: _____ **Policy #:** _____
Effective Date: _____ **Expiration Date:** _____

Check the type of work your company is prepared to perform:

☐ General Contractor	☐ Electrical	☐ Paving/Asphalt-Concrete
☐ Mechanical	☐ Electrical/Exterior Pole Lighting	☐ Athletic Field Improvement
☐ HVAC	☐ Electrical/Fire Alarm Systems	☐ Landscaping
☐ Roofing	☐ Electrical/Security Alarm Systems	☐ Irrigation
☐ Painting	☐ Pest Control	☐ Other _____

_____

List previous work experience, if any, with other school districts or state agencies. Detail work performed, date, approximate dollar value and name of contact person: _____

_____

_____

◈The Washington State Public Works Act requires that workers be paid prevailing wages when employed on public works projects, and on public building service maintenance contracts. The undersigned agrees to submit Statements of Intent to Pay Prevailing Wages, Affidavits of Wages Paid, and insurance certificates in accordance with the Public Works Act. ☐ **Yes** ☐ **No**

◈The Walla Walla Public Schools is an Equal Opportunity Employer and complies with all requirements of the ADA. The undersigned is also an Equal Opportunity Employer and complies with all requirements of the ADA in hiring and construction. ☐ **Yes** ☐ **No**

Signatures of registered owner(s):

Signature: _____ **Date:** _____

Printed Name: _____ Title: _____

Signature: _____ **Date:** _____

Printed Name: _____ Title: _____