**WALLA WALLA PUBLIC SCHOOLS #140**

**Facilities and Operations ◈ 509.527.3018 ◈ Fax 509.529.5561** ◈ **sshake@wwps.org**

**SMALL WORKS ROSTER APPLICATION 2018-2019**

**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: