

SMALL WORKS ROSTER APPLICATION 2022-2023

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 #: _____
<u>Contractor Insurance Info:</u>	
Firm Name: _____	Policy #: _____
Effective Date: _____	Expiration Date: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Electrical | <input type="checkbox"/> Paving/Asphalt-Concrete |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical/Exterior Pole Lighting | <input type="checkbox"/> Athletic Field Improvement |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical/Fire Alarm Systems | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Electrical/Security Alarm Systems | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Pest Control | <input type="checkbox"/> 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: _____