

**SMALL WORKS ROSTER APPLICATION
CITY OF NEWPORT
200 S. Washington Ave.
Newport, WA 99156**

Name of Company: _____

Business Address: _____
(Street, PO Box, City, State and Zip Code)

Phone: _____ Fax: _____

Sole Proprietorship _____ Incorporation _____ LLC _____ Partnership _____

Number of Employees _____

If incorporated, name of registered agent and address. If partnership or sole proprietorship, name of managing person and address:

Name: _____

Address: _____

Federal Tax Identification No. _____ DUNS# _____

WA UBI # _____

State of Washington Contractor's Registration No. _____

Name of Contractor's Bonding Company: _____

Amount of Bond: _____ Bond Number: _____

Licensed as: _____ General Contractor _____ Specialty Contractor

Expiration Date: _____

Name and Address of Insurance Company: _____

Minority/Woman Owned Business Enterprise Certification No. _____

Do you possess an electrical or plumbing license for the State of Washington? _____

If yes, please provide your electrical and/or plumbing license number below:

Electrical Expiration Date

Plumbing Expiration Date

List the name and address of three references which can vouch for your company's satisfactory record of performance, skills, and financial standing.

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Please indicate or list the type of Public Works projects that you wish to be notified of.

Please list five projects that best exemplify the abilities of your firm.

I certify that all information on this application is correct. I understand that any misrepresentation or false statements on this application may be cause to reject the application.

Signature: _____

Title: _____

Date: _____