



Small Works Roster Application

Company Information

Legal Business Name: _____ DBA (if applicable): _____
Contact Person: _____ Phone Number: _____
Email Address: _____ Mailing Address: _____
City, State, ZIP: _____ Website (if applicable): _____
UBI Number: _____ Tax ID (EIN or SSN): _____

Contractor Licensing & Bonding

Washington State Contractor License Number: _____ Expiration Date: _____
Bonding Company: _____ Bond Amount: _____

Insurance Coverage

General Liability Insurance Provider: _____ Policy Number: _____
Coverage Limits: _____ Workers' Compensation Provider: _____

Experience & References

Years in Business: _____ Experience with School District Projects: Yes / No

Recent Projects (Last 5 Years):

Project Name: _____	Client: _____	Year: _____
Project Name: _____	Client: _____	Year: _____
Project Name: _____	Client: _____	Year: _____

Certifications & Compliance

Certified Small Business? Yes / No
Certified Minority/Women-Owned Business? Yes / No
Prevailing Wage Compliance? Yes / No
Do you comply with all federal, state, and local regulations? Yes / No

Signature & Authorization

I certify that the information provided is accurate and complete. I understand that providing false information may result in removal from the Small Works Roster.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

ACHIEVE. BELIEVE. CONTRIBUTE.

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