

PUBLIC WORKS

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Small Works Roster Contractor Name: _____ Telephone No: _____ Mailing Address: _____ Street Address: Email: Name of Bank: Bank References: Address: Ownership: Corporation Proprietorship Partnership Minority and Woman Owned Business: ☐ MBE ☐ WBE Certificate Number: Certificate Pending: Contractor License Number: WA State Tax No: Federal Employer I.D. Number: Bonding Company: Policy Number: _____ Policy Limit: \$ _____ Check box(s) that best describes type of contract your firm qualifies to perform: ☐ Concrete Placement/Finishing ☐ Plumbing ☐ Electrical \square Roofing ☐ General Contracting ☐ Storm Drainage ☐ Heating ☐ Sewerage Systems ☐ Masonry ☐ Street Repair ☐ Traffic Signalization ☐ Painting ☐ Paving ☐ Water Systems Other: ☐ Equipment Repair (Specify) By signature below, I hereby affirm that the Contractor has no previous record of default in the performance of or failed to complete a written public contract or has not been convicted of a crime arising from a previous public contract. The undersigned acknowledges that I have read and understand the requirements described in this application, and to the best of my knowledge, the information provided is a true representation of the contractor's ability to perform any contracts which may result by submittal of this application. Signature: Name/Title of Preparer:

Comm. Dev. Director Signature:

Date: _____