



Small Works Roster Application 2009

Please Return to:
Port of Pasco
P O Box 769 · Pasco WA 99301
(509) 547-3378 fax: (509) 547-2547
email: portofpasco@portofpasco.org

Company Name: _____
 Contact Name _____ Email: _____
 Street Address: _____ Web: _____
 Mailing Address: _____ Phone: _____
 City, St, Zip: _____ Fax: _____
 Type of Ownership: Corporation LLC Sole Prop. Other :

Services Provided: (Check All That Apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Environmental Work | <input type="checkbox"/> Millwork & Casework |
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Excavation And Earthwork | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Railroad Construction/Repair |
| <input type="checkbox"/> Data Comm. / Computer | <input type="checkbox"/> General Construction | <input type="checkbox"/> Remodeling |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Roof Construction And Repair |
| <input type="checkbox"/> Dock Work, Piling & Marine | <input type="checkbox"/> Insulation & Moisture Protection | <input type="checkbox"/> Utility Construction |
| <input type="checkbox"/> Doors, Frames & Windows | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | |

Contractor License #: _____ Expiration Date: _____
 Federal Tax Id. #: _____ UBI #: _____
 City of Pasco Business License: No Yes #: _____ Empl. Sec. Dept. #: _____
 Insurance Agent/ Company _____

Washington State Law allows the Port to use the Small Works Roster for contracts up to \$300,000 or less (including sales tax). Does your company have bonding capacity to this limit? Yes No

If not, please state your limit: \$ _____

Have You Ever Worked For The Port? Yes No Port Contact: _____

List Two References: (Please provide Name & Phone Number):

1. _____
2. _____

By Signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Printed Name & Title

Signature

Date

Before contracting, the Port of Pasco *may* require additional information such as:
statement of qualifications, insurance requirements, performance bond, etc.

»» Applications Must Be Submitted Every Two Years to remain on the Roster!!!