

LONGVIEW SCHOOL DISTRICT NO. 122
2715 Lilac Street
Longview, Washington 98632
Telephone 360-575-7167 Fax 360-575-7174
Email Ksouvenir@Longview.k12.wa.us

SMALL WORKS ROSTER APPLICATION

Legal Name of Firm _____

Business Address _____

Telephone # _____ Fax # _____ e-mail address: _____

Please indicate the specific type(s) of work that your company is qualified and equipped to perform. **DO NOT INDICATE WORK THAT YOU WOULD SUBCONTRACT TO OTHERS.**

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Excavation & Ditching | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Fencing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Flooring & Floor Coverings | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cabinet making | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Glazier | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Dry Wall | <input type="checkbox"/> HVAC Work | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Insulation | <input type="checkbox"/> Low Voltage |
| Names & Titles of persons authorized to sign bids: _____ | | <input type="checkbox"/> Sheet Metal |

Number of employees _____ Union Affiliation (if any) _____

Contractor Registration # and State of Issue _____ Expiration date _____ UBI# _____

Insurance Coverage Limits: _____

Name of Insurance Company/Broker & Telephone # _____

Name and Branch of Banking Institution: _____

Bonding Agency & Telephone #: _____

Bonding Capacity: _____

Please list at least five projects completed within the last three years. Include owner contact name and phone number.

PLEASE BE ADVISED THAT YOU WILL BE REQUIRED TO PAY PREVAILING WAGE ON ALL SCHOOL DISTRICT PROJECTS. INTENTS TO PAY AND AFFIDAVITS OF WAGES PAID WILL BE REQUIRED FOR ALL PROJECTS. PERFORMANCE/PAYMENT BONDS AND CERTIFICATES OF INSURANCE MAY BE REQUIRED AS WELL.

Signature _____

Print Name: _____

Title: _____ Date: _____