

A&E and Construction-Related Services Application



APPLICATION INFORMATION

Washington State License Number		Name of Firm	
Owner's Full Name		Business Phone	Business Fax #
Address	City	State	Zip Code
E-mail Address	Authorized Agent		Title
Insurance Carrier	City of Lake Stevens Business License: ☐ Yes ☐ No Number:		
Address	City	State	Zip Code
Policy Number	Expires	Error/Omission Insurance \$1,000,000 or More ☐ Yes ☐ No	☐ Claims Made ☐ Per Occurrence
Minority, Women or Veterans Owned Business Certificate #	Federal Taxpayer ID No.	☐ Corporation ☐ Partnership	☐ Sole Proprietor ☐ Other:

REFERENCES

Name of Bank		Contact Person	
Address	City	State	Phone
Provide the names and contact information of at least three clients for whom you have performed contract work during the past year (school district references preferred)			
Client		Contact Person	
Address	City	State	Zip Code
Client		Contact Person	
Address	City	State	Zip Code
Client		Contact Person	
Address	City	State	Zip Code

Do you agree to comply with all equal opportunity employment laws and all other local applicable state and federal laws pertaining to the performance of government contracts? ☐ Yes ☐ No

STATEMENT OF CERTIFICATION

I the undersigned, duly serving as authorized agent for the firm indicated herein, do hereby certify that the information contained in this application is true and accurate to the best of my knowledge and that there has been no willful intent to misrepresent any fact or circumstance regarding the status of said firm or its ability to perform the work indicated herein.

Signature

Printed name / title

Date

Please return the completed application to: Lake Stevens School District - 12309 22nd St NE - Lake Stevens, WA 98258