FOR OFFICE USE ONLY
Date Received

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CUSICK SCHOOL DISTRICT #59
SMALL WORKS ROSTER APPLICATION

Mail to: Cusick School District
305 Monumental Way, Cusick, WA 99119

COMPANY NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____
(if different from mailing address)

TELEPHONE NUMBER ( )_____ FAX ( )_____

BANKING REFERENCE Name of Bank_____

Branch_____

TYPE OF OWNERSHIP ☐ Corporation ☐ Single Proprietorship ☐ Partnership

CONTRACTOR LICENSE NUMBER _____

FEDERAL TAX ID NUMBER _____

WASHINGTON STATE TAX NUMBER _____

MUNICIPAL SCHOOL DISTRICT REFERENCES NAME AND PHONE NUMBER
1. _____

2. _____

BONDING CAPACITY: ☐ $100,000 **OR** LIST DOLLAR AMOUNT $_____
In order to be placed on the Small Works Roster, you **must attach a copy of a letter** from your surety company certifying your bonding capacity. Bids under $25,000 do not require bonding, however 50% of payment will be held until the board meeting following a thirty day period after completion.

INSURANCE AGENT/COMPANY _____

ANNUAL VOLUME OF BUSINESS: $_____

INCLUDE SPECIALTY PREFERENCE _____

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 my submittal of this application

_____ Signature_____
NAME AND TITLE OF PREPARER/TYPED OR PRINTED.