APPLICATION FOR SMALL WORKS ROSTER

PORT OF RIDGEFIELD P.O. BOX 55 Ridgefield, WA 98642 Ph: (360) 887-3873 FAX: (360) 887-3403

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IF YOU WISH TO BE PLACED ON THE SMALL WORKS ROSTER OF THE PORT OF RIDGEFIELD, THE FOLLOWING APPLICATION MUST BE COMPLETED IN ALL PARTICULARS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

YOU ARE NOTIFIED THAT THE PORT OF RIDGEFIELD COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (RCW 39.12) AND REQUIRES ALL CONTRACTORS TO COMPLY.

Roster Effective Dates: (January 1, 2016 – December 31, 2016) 1. Name of Company E-mail: _____ Contact Person: 2. Business Address _____ City _____ State ____ Zip ____ Phone _____ Fax: _____ 3. Check Appropriate: _____Incorporated _____Partnership If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address. State Zip A member of the 8(a) program under the small business administration? Yes or No _____ 4. 5. Federal Tax Identification No. Please attach a copy of the following items: 6. State Licensing Information: State of Washington Contractors' Registration Contractors' Bond Information Certificate of Insurance

These items and any other documents, which are required for your profession to perform work in the State of Washington, must be on file with the Port of Ridgefield for your company to be placed on the Small Works Roster.

(3)_____ Licensed as: (Check appropriate) __Carpentry/Framing ____Glazing/Glass _____ Process Piping (Welding) ___Carpet Laying ____Gutters/Downspouts _____ Roofing Installation/Repair HVAC __ Rotating Equipment Concrete ____Construction ____ Haz Waste Work ____Sanitation Systems (Removal) Drilling Instrumentation ____Siding (other than wood) ____ Electrical _____ Insulating ____Signs (non-electrical) _____ Environmental _____ Janitorial ____Steel/Aluminum Erectors _Structural Steel ____ Excavating/Grading ____ Landscaping Painting/Wall Coverings ____Telecom/Cable Wiring ___ Fabrication (Welding) Fencing Paving/Striping ____Tracing _____ Vessel Installation ____ Fiberglass Work _____ Planning _____ Vacuum Truck ___ Fire Protection System _____ Plumbing Other (specify) Date Prepared By_____ (Signature) (Please Print Name)

Title

LIST THREE LOCAL REFERENCES: