P.U.D. #1 OF FERRY COUNTY SMALL WORKS ROSTER APPLICATION

Business Name and Address:		Contact Person:				
		Busin	ess Te	lephone:		
		Cell:				
		E-Mai	il:			
WA State UBI #:						
WA State Contractor's License #:						
Federal Tax ID #:						
Provide a copy of your current Certifica	te of Liability	Insuran	ice.			
, , ,	-			be asked to provide an updated	Certificate	
of Liability Insurance naming th		, ,		,		
, , , , , , , , , , , , , , , , , , ,						
Bonded	_ \ \	Yes		No		
Bonded for projects up to \$350,000.00		Yes		No		
Is your business registered as a Qualifie	ed Disadvanta	aed Bus	siness	Enterprise (small, minority, vete	ran and/or	
women owned business)?		Yes		No		
Indicate below the type of work						
you are available to perform Construction			Description			
			Services - Including Building Contractors			
			e Maintenance / Construction Services			
	Materials					
	Right-of-way Clearing					
	Excavation					
	Equipment - Including Vehicles					
	IT Services and Software					
Supplies Janitorial Serv						
			vices			

1.	Name:		Telephone:					
2.	Name:		Telephone:					
3.	Name:		Telephone:					
	The Small Works Roster is a pool of contractors potentially interested in contracts with the PUD for small (under \$350,000) public construction projects.							
	The applicant is hereby notified that Washington state laws regarding prevailing wages and non-discrimination are applicable to all small works roster contract activities.							
	Signature:			_Date:				
	Return to:	P.U.D. #1 of Fer P. O. Box 1039 Republic, WA						

Provide the names and telephone number of three (3) clients who can verify your experience or can

recommend your service: