

323 NE First St., P.O. Box 777, Winlock, WA 98596-0777 - (360) 785-3811, Fax (360) 785-4378

2024 Small Works Roster Application

Company Formal/Legal Name:			
Mailing Address:		Zip	-
Street Address (If different):			
		Zip	_
Office Phone:	Fax:	Email:	
Primary Contact Person:		Title:	_
Phone:	Cell:	Email:	
Required Information:			
Winlock Business License Yes	No □	Federal Tax ID #:	_
WA State Contractors License #:		WA State UBI #:	
Banking Reference:			
Name of Bank			
Address	Zip		
Telephone Number:	Fax:		
Required Information:			
Type of Ownership: Corp. Minority and/or Women Owned		-	
Check boxes that describe types o	f work your firm qualifies to	Perform:	
☐ Automotive & Equipment Repair	☐ Building/Construction	☐ Concrete Placement Finishing	
☐ Electrical	☐ Engineering	☐ General Contractor	
☐ Heating	☐ Lighting/Illumination	☐ Masonry	
☐ Painting	☐ Plumbing	☐ Property Cleanup/Removal	
☐ Road Grading	☐ Road Paving	Roofing	
☐ Sewer Systems	☐ Storm Drainage	☐ Street Repair & Construction	

☐ Traffic Signalization	☐ Waterfront or Marina	☐ Water Systems
Other (Specify)		
Describe your experience and quali	fications:	
List three (3) professional reference		
3		
	a neavida racardina vaur firm'a ahil	lity to satisfactorily perform a contract:
complete a written public contract or has acknowledges that he/she has read and u	not been convicted of a crime arising from nderstands the requirements described in	default in the performance of or failed to m a previous public contract. The undersigned this application, and to the best of his/her pility to perform any contracts which may result
Date:	Signature	
Name/Title of Company's Preparer (Please	e print):	
City Use Only:		
Date:	Staff Signature:	