

**VENDOR INFORMATION REQUIRED FOR  
PLACEMENT ON SMALL WORKS ROSTER**

Company Name: \_\_\_\_\_

Address (Plant): \_\_\_\_\_ Zip: \_\_\_\_\_

Address (Billing): \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Office): \_\_\_\_\_ (Plant): \_\_\_\_\_

Type of Business:

- Individual – Date Formed: \_\_\_\_\_  Other: \_\_\_\_\_  
 Corporation – Date Formed: \_\_\_\_\_ Date Formed: \_\_\_\_\_  
 Partnership – Date Formed: \_\_\_\_\_

Affiliated Companies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Washington State Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Washington State Account Numbers

- Dept. of Labor & Industries: \_\_\_\_\_
- Dept. of Employment Security: \_\_\_\_\_
- Dept. of Revenue: \_\_\_\_\_

**Prevailing Wages – applicant hereby agrees to pay prevailing wages to employees, as determined by the State of Washington Department of Labor and Industries, on all District projects.**

Performance bond: (The District requires performance bonds on major projects only.)

- Company: \_\_\_\_\_ Amount: \_\_\_\_\_
- Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Liability Insurance:

- Company: \_\_\_\_\_ Amount: \_\_\_\_\_
- Agent: \_\_\_\_\_ Phone: \_\_\_\_\_
- **Proof of Liability Insurance is required.** (May be faxed from insurance company.)

**IRS Form W-9 is required** (Request for Taxpayer Identification Number and Certification).

Form is available from the business office and is enclosed with the application.

In order that we may properly evaluate your ability to provide contract services, please answer the following questions in full:

1. List Principals: (owner, partners, corporate officials)

- Name: \_\_\_\_\_
- Title & Duties: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Title & Duties: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Title & Duties: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

3. List principal companies for whom work is performed:

- Company: \_\_\_\_\_ Address: \_\_\_\_\_
- Company: \_\_\_\_\_ Address: \_\_\_\_\_
- Company: \_\_\_\_\_ Address: \_\_\_\_\_

4. Services/projects for which you are equipped, experienced and qualified to submit price quotations:

- |                    |                   |                  |
|--------------------|-------------------|------------------|
| ___ Excavation     | ___ Paving        | ___ Asbestos     |
| ___ Fencing        | ___ Painting      | ___ Cabinet Work |
| ___ Floor Covering | ___ Plumbing      | ___ Carpentry    |
| ___ Glass          | ___ Refrigeration | ___ Drainage     |
| ___ HVAC           | ___ Roofing       | ___ Electrical   |
| ___ Landscaping    | ___ Septic/Sewer  | ___ Masonry      |
| ___ Other: _____   |                   |                  |

5. Small Business Certificate:

A Small Business or its affiliate(s) which is independently owned and operated but is not dominant in the field of operation in which it is bidding, can further qualify under the criteria established by the Small Business Administration.

The School District will not contract with vendors who are suspended or debarred. Your signature on this application certifies and the information contained here is accurate and that your non-federal entity has not been suspended or debarred or otherwise excluded.

\_\_\_\_\_  
Authorized Owner or Officer Signature Date

\_\_\_\_\_  
Print Name