

SMALL WORKS ROSTER APPLICATION

In connection with RCW 28A.335.190, the undersigned request to be added to the Small Works Roster of the Riverview School District No. 407. It is understood that this application is valid only for one fiscal year of the district.

APPLICATION IS FOR YEAR: **September 1,** _____ **to August 31,** _____

| | | | |
|---------------------|-------------------|--------------------|--------------------|
| Name of Firm | | | |
| Phone Number | | | |
| Street Address | | | |
| City/State Zip | | | |
| Person to Contact | | | |
| Email Address | | | |
| Type Of Firm | Individual | Partnership | Corporation |
| | | | |

FOR WHAT TYPE(S) OF WORK DO WISH TO RECEIVE REQUEST FOR QUOTATIONS?

| | | | |
|--------------------------|--------------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | General Contacting | <input type="checkbox"/> | Moving Buildings |
| <input type="checkbox"/> | Carpentry | <input type="checkbox"/> | Paving |
| <input type="checkbox"/> | Cabinet Work | <input type="checkbox"/> | Fencing |
| <input type="checkbox"/> | Landscaping | <input type="checkbox"/> | Roofing |
| <input type="checkbox"/> | Concrete | <input type="checkbox"/> | Gutters/Downspouts |
| <input type="checkbox"/> | Masonry | <input type="checkbox"/> | Carpentry/Flooring |
| <input type="checkbox"/> | Electrical | <input type="checkbox"/> | Painting |
| <input type="checkbox"/> | Lighting | <input type="checkbox"/> | Plumbing |
| <input type="checkbox"/> | Electronic/Intercom | <input type="checkbox"/> | Sewer |
| <input type="checkbox"/> | Heating/ventilating/Air Conditioning | <input type="checkbox"/> | Sandblasting |
| <input type="checkbox"/> | Mechanical | <input type="checkbox"/> | Other: |
| | | | |

| |
|---|
| Comments/Explanations, Including Areas of Specialization: |
| |
| |
| |
| |

REFERENCES: Please list references of governmental agencies or other clients for whom you have performed work in the last two years.

| | | |
|--|-------------|---|
| NAME & ADDRESS OF CLIENT | | |
| 1. | | CONTACT NAME: |
| | | |
| | | PHONE # |
| | | |
| 2. | | CONTACT NAME: |
| | | |
| | | PHONE # |
| | | |
| 3. | | CONTACT NAME: |
| | | |
| | | PHONE # |
| Is your firm licensed by the state? | | |
| NO | YES | |
| Is your firm bonded by the State of Washington? | | |
| NO | YES | |
| What are the dollar limits of your firms liability insurance? | | |
| \$ | Bodily Harm | \$ Property Damage |
| If required, will your firm provide: | | |
| NO | YES | Bid Bond/Security |
| NO | YES | Performance/Payment Bond |
| NO | YES | Affidavit of Intent to Pay Prevailing Wages |
| NO | YES | Insurance Certificate |
| Is your firm an equal opportunity and affirmative action employer? | | |
| NO | YES | |
| How long has your firm been in existence? | | |

SIGNATURE OF FIRM'S REPRESENTATIVE: _____ **DATE:** _____

Mail this application form to: **Business Services Office**
Riverview School District #407
P.O. Box 519
Duvall, WA 98019
Fax: 425-333-0599 Phone: 425-844-4530/425-844-4500