

# CITY OF DAVENPORT

## APPLICATION FOR SMALL WORKS ROSTER

*WHEN USING THE SMALL WORKS ROSTER TO AWARD CONTRACTS IN THE AMOUNT OF \$200,000 OR LESS, THE CITY WILL INVITE PROPOSALS FROM A MINIMUM OF FIVE APPROPRIATE CONTRACTORS ON THE SMALL WORKS ROSTER AND, WHENEVER POSSIBLE, WILL INVITE AT LEAST ONE PROPOSAL FROM A MINORITY OR WOMAN CONTRACTOR WHO OTHERWISE QUALIFIES. THE CONTRACT WILL BE AWARDED TO THE CONTRACTOR SUBMITTING THE LOWEST RESPONSIBLE BID.*

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

THE CITY OF DAVENPORT COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (CHAPTER 39.12 RCW) AND REQUIRES ALL CONTRACTORS TO COMPLY.

QUESTIONS CONCERNING THIS APPLICATION MAY BE DIRECTED TO THE CITY ADMINISTRATOR, (509) 725-4352.

ROSTER IS EFFECTIVE UNTIL **DECEMBER 31, 2019**

1. NAME OF COMPANY: \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_  
(Street, PO Box, City, State and Zip Code)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

3. SOLE PROPRIETORSHIP \_\_\_\_\_ INCORPORATION \_\_\_\_\_  
PARTNERSHIP \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

If incorporated, please name registered agent and address. If partnership or sole proprietorship, please name managing person and address:

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

Address: \_\_\_\_\_

4. Federal Tax Identification No. \_\_\_\_\_

5. State of Washington Contractor's Registration No. \_\_\_\_\_

6. State of Washington UBI No. \_\_\_\_\_

Name of Contractor's Bonding Company: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Bond No.: \_\_\_\_\_

Licensed As: \_\_\_\_\_ General Contractor \_\_\_\_\_ Specialty Contractor

7. Minority/Woman Owned Business Enterprise Certification No. \_\_\_\_\_

8. Have any claims relating to performance been filed against your company? If yes, give name and address of claimant and date of claim:

9. Indicate all areas of contracting performed by your company that you are interested in and indicate the years of experience in the column provided:

Underground Utilities- Water system construction and repair \_\_\_\_\_yrs

Underground Utilities- Sewer system construction and repair \_\_\_\_\_yrs

Street construction and repair \_\_\_\_\_yrs

Other: \_\_\_\_\_yrs

10. List the name and address of three references which can vouch for your company's performance record, integrity, judgement and skills:

I certify that all information on this application is correct. I understand that any misrepresentation or false statements on this application may be cause to reject the application.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_