



## CITY OF ASOTIN

[www.cityofasotin.org](http://www.cityofasotin.org)

Phone: 509-243-4411

PO Box 517 121 Cleveland Street Asotin WA 99402

Fax: 509-243-1223

### SMALL WORKS ROSTER

The following application must be completed and returned before your name can be added to the Cities Small Works Roster. Incomplete applications will not be accepted.

#### COMPANY INFORMATION:

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

Contact Person: \_\_\_\_\_ E-mail \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Incorporate \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Federal Tax Identification Number \_\_\_\_\_

#### WASHINGTON REGISTRATION INFORMATION:

Washington State Contractor License No. \_\_\_\_\_

Registration No. \_\_\_\_\_ Is your firm registered as W/M/DBE \_\_\_\_\_ Yes \_\_\_\_\_ No

Contractors Bonding Company: \_\_\_\_\_ Amount of Bond Limit: \_\_\_\_\_

Licensed as: \_\_\_\_\_ General Contractor \_\_\_\_\_ Specialty Contractor

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

By: \_\_\_\_\_  
Business Name  
\_\_\_\_\_  
Print Name and Title  
\_\_\_\_\_  
Signature

**APPLICATIONS WILL BE KEPT ON FILE FOR TWO CALENDAR YEARS 2018**

**Application must have original signature  
Please return form to the address listed above.**