APPLICATION FOR SMALL WORKS ROSTER

Port of Sunnyside
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Sunnyside, WA 98944

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IF YOU WISH TO BE PLACED ON THE SMALL WORKS ROSTER OF THE PORT OF SUNNYSIDE, PLEASE SEND THIS COMPLETED APPLICATION TO THE ADDRESS, FAX NUMBER OR EMAIL ADDRESS LISTED ABOVE.

YOU ARE NOTIFIED THAT THE PORT OF SUNNYSIDE COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (RCW 39.12) AND REQUIRES ALL CONTRACTORS TO COMPLY.

FURTHER QUESTIONS REGARDING THIS APPLICATION MAY BE DIRECTED TO TRAVIS JANSEN, PROJECT MANAGER.

1. NAME OF COMPANY______________________________________________________
2. BUSINESS ADDRESS________________________________________________________
   CITY __________________ STATE _______ ZIP CODE _____________
   PHONE ___________________________ FAX _______________________
   EMAIL ADDRESS ____________________________

3. CHECK APPROPRIATE:
   [ ] Incorporated
   [ ] Partnership
   [ ] Sole Proprietorship

   If incorporated, please state resident agent and address. If partnership or sole proprietorship, state managing person and address.

   NAME ___________________________________________________________________
   ADDRESS __________________________________________________________________
   CITY __________________ STATE _______ ZIP CODE _____________
   PHONE ___________________________ FAX _______________________

4. FEDERAL TAX IDENTIFICATION NO. _________________________________________
5. WA ST. CONTRACTOR’S LICENSE NO.________________________________________
   LICENSED AS: (Check Appropriate)
   [ ] General Contractor
   [ ] Specialty Contractor

   (Please list areas of expertise):

   [ ] Specialty Contractor
   (Please specify specialty/specialties):

6. WA State Department of Labor & Industries Account Number_____________________
7. WA State Employment Security Department Account Number_____________________
8. WA State Department of Revenue Registration Number____________________________

AUTHORIZED SIGNER:_________________________________________ TITLE:____________________
DATE:________________________