

## SMALL WORKS ROSTER APPLICATION

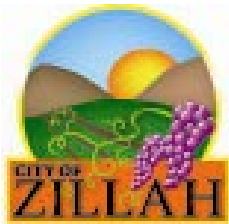
Thank you for the interest expressed by your firm to be included on the City of Zillah Small Works Roster. To determine qualification of firms to provide services to the City, please complete information on this form and return to the City of Zillah, 503 First Avenue, P.O. Box 475, Zillah, WA 98953. Information provided will be kept in confidence unless a matter of public record.

The City of Zillah is an Equal Employment Opportunity Employer.

### PREQUALIFICATION REQUIREMENTS

Firms on Small Works Roster must be able to show proof of ability to provide (item 3, 4, & 6 must accompany application):

1. Insurance, naming City as additional insured prior to performance of any contract;
2. A Performance Bond prior to performance of any contract;
3. List of references of similar projects performed by contractor in the past two (2) years;
4. Proof of appropriate Contractor License;
5. Proof of possession of or acquire appropriate City of Zillah Business License prior to performance of any contract;
6. Statement that contractor has no previous record of default in the performance of or failed to complete a written public contract, or has not been convicted of a crime arising from a previous public contract.



# The City Of Zillah

THE HEART OF WINE COUNTRY

Phone (509) 829-5151 Fax (509) 829-5457 P.O. Box 475 Zillah Washington 98953

## SMALL WORKS ROSTER APPLICATION

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

BANKING REFERENCE Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

TYPE OF OWNERSHIP Corporation  Single Proprietorship

MINORITY AND WOMEN OWNED BUSINESS MBE  WBE

CERTIFICATE NUMBER \_\_\_\_\_ CERTIFICATE PENDING

CONTRACTOR LICENSE NUMBER \_\_\_\_\_

WASHINGTON STATE TAX NUMBER \_\_\_\_\_

CITY OF ZILLAH BUSINESS LICENSE Yes  No  Number \_\_\_\_\_

Check box that best describes type of contract your firm qualifies to perform:

- |   |  |
|---|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Plumbing              |
| <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Roofing               |
| <input type="checkbox"/> General Construction         | <input type="checkbox"/> Storm Drainage        |
| <input type="checkbox"/> Heating                      | <input type="checkbox"/> Sewerage System       |
| <input type="checkbox"/> Masonry                      | <input type="checkbox"/> Street Repair         |
| <input type="checkbox"/> Painting                     | <input type="checkbox"/> Traffic Signalization |
| <input type="checkbox"/> Paving                       | <input type="checkbox"/> Water Systems         |
| <input type="checkbox"/> Other _____                  |  |

(Specify)

By signature below, I acknowledge that I have read and understand the requirements described in this application, and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

\_\_\_\_\_  
Name & Title of Preparer/typed/printed

\_\_\_\_\_  
Signature

State of Washington  
County of:

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
is the person who appeared before me, and said person acknowledged that (he/she) signed  
this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and  
purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expires