



# Small Works Roster Application 2008

Please Return to:  
**Port of Pasco**  
P O Box 769 · Pasco WA 99301  
(509) 547-3378 fax: (509) 547-2547  
email: portofpasco@portofpasco.org

Company Name: \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Web: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type of Ownership:       Corporation       LLC       Sole Prop.       Other :

**Services Provided: (Check All That Apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asbestos Removal           | <input type="checkbox"/> Environmental Work               | <input type="checkbox"/> Millwork & Casework          |
| <input type="checkbox"/> Asphalt Paving             | <input type="checkbox"/> Excavation And Earthwork         | <input type="checkbox"/> Plumbing                     |
| <input type="checkbox"/> Concrete Work              | <input type="checkbox"/> Fire Protection                  | <input type="checkbox"/> Railroad Construction/Repair |
| <input type="checkbox"/> Data Comm. / Computer      | <input type="checkbox"/> General Construction             | <input type="checkbox"/> Remodeling                   |
| <input type="checkbox"/> Demolition                 | <input type="checkbox"/> HVAC                             | <input type="checkbox"/> Roof Construction And Repair |
| <input type="checkbox"/> Dock Work, Piling & Marine | <input type="checkbox"/> Insulation & Moisture Protection | <input type="checkbox"/> Utility Construction         |
| <input type="checkbox"/> Doors, Frames & Windows    | <input type="checkbox"/> Landscaping                      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Electrical                 | <input type="checkbox"/> Mechanical                       |   |

Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Federal Tax Id. #: \_\_\_\_\_ UBI #: \_\_\_\_\_  
 City of Pasco Business License:     Yes       No      Number: \_\_\_\_\_

Insurance Agent/ Company \_\_\_\_\_

Washington State Law allows the Port to use the Small Works Roster for contracts up to \$200,000 or less (including sales tax). Does your company have bonding capacity to this limit?     Yes     No

If not, please state your limit: \$ \_\_\_\_\_

Have You Ever Worked For The Port?     Yes     No    Port Contact: \_\_\_\_\_

List Two References: (Please provide Name & Phone Number):

1. \_\_\_\_\_
2. \_\_\_\_\_

*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.*

Printed Name & Title

Signature

Date

Before contracting, the Port of Pasco *may* require additional information such as:  
statement of qualifications, insurance requirements, performance bond, etc.

**»» Applications Must Be Submitted Every Two Years to remain on the Roster!!!**