## APPLICATION FOR SMALL WORKS ROSTER

## Orcas Island School District 557 School Road Eastsound, WA 98245 (360) 376-2284 Fax: (360) 376-2283 cferran@orcas.k12.wa.us

If you wish to be placed on the SMALL WORKS ROSTER of the Orcas Island School District, the following application must be fully completed. Incomplete applications will not be accepted.

You are notified that the Orcas Island School District complies with the prevailing wage laws of the State of Washington (RCW 39.12) and requires all contractors to comply.

Further questions concerning this application may be directed to the Superintendent of Schools at the Orcas Island School District Office, 360 376-2284.

## **EFFECTIVE DATE:** 2. Contact Person: 3. Business Address: 4. Business E-mail and Phone: \_\_\_\_\_ 5. Type of business: \_\_\_\_Incorporated; \_\_\_\_Partnership; \_\_\_\_ Sole Proprietorship If incorporated, please state resident agent and address. If partnership or sole proprietorship, state managing person and address: Name: Address: 6. Minority Contractor: \_\_\_\_ yes; \_\_\_\_ no 7. Federal Tax ID number: \_\_\_\_\_ 8. State of Washington Contractor's Registration Number: \_\_\_\_\_ 9. Contractor's Bond Information: Name of Bonding Co. **Amount of Bond Bond Number**

(Page ONE of TWO)

	General Contractor (please list t	type of work you are inter	rested in bidding.)
	Specialty Contractor (Please ch	eck specialty/specialties.)	
	Carpentry/framing	Glazing/Glass	Roofing
	Carpet laying	Gutters	Sanitation systems
	Concrete	HVAC	Siding (non-wood)
	Electrical	Landscaping	Signs (non-electr.)
	Excavating/grading	Painting/wallcover	Steel erectors
	Fencing	Paving	Telecom/cabling
	Fire protection systems	Plumbing	Other (specify)
Date: Prepared by:			
7.		_	
Signature			
Please prin	t name and title	_	

Please return this completed form to Orcas Island School District 557 School Rd, Eastsound, WA 98245 Fax: 360 376-2283 Thank you.

cferran@orcas.k12.wa.us

RMB:11/06