## Nine Mile Falls School District 325\179

10110 West Charles Road, Nine Mile Falls, WA 99026

## **Small Works Roster Application**

Legal Name of Firm:			
Website:			
website.			
Business Address:			_
Business Phone:	Email address:		
Business Contact name and number:			
License/Registration# & Expiration Date:			
Number of Employees:		compare to three years Same	ago? (mark with X) Smaller
	Larger	Same	Smaller
Name of Your Insurance Company:			
Linkility Amazonat			
Liability Amount:	Have you previously	worked for this District	(
Performance Bond Provider:			
Amount :			
7. Tillouite .			
Category of work your company is prepared and equipped to perform:			

Will you provide Performance/Payment bond, Affidavit of	of Intent to Pay Prevailing Wages, and Certificate(s)
of Insurance for work as required? Yes	No
- 10 · · · · · · · · · · · · · · · · · ·	
Are you an Equal Opportunity and Affirmative Action em	ployer? Yes No
References:	
Neterences:	
Name	Phone #
Address	Email
Name	Phone#
Address	Francil
Address	Email
Name	Phone#
Address	Email
Signature:	
Printed Name:	
rinited Name.	
Title:	Date:

Completed form can be mailed, faxed, emailed or delivered to the District Office at :

10110 W Charles Rd Nine Mile Falls , WA 99026 PH (509) 340-4308 FX (509)340-4301

Email to: cfiske@9mile.org

<sup>\*</sup>Please return within 60 days to avoid being taken off the list. This form is to be re-newed annually.