

**Samish Water District**  
2195 Nulle Road  
Bellingham. WA 98229-9329

Phone: 360-734-5664  
Fax: 360-715-1626  
E-mail: [samishwaterdistrict@comcast.net](mailto:samishwaterdistrict@comcast.net)

### SMALL WORKS ROSTER APPLICATION

**COMPANY NAME:** \_\_\_\_\_

Owner/Contact Person: \_\_\_\_\_  
(Please print)

\_\_\_\_\_ Address/Mailing Address City State Zip

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Washington State Contractor License #: \_\_\_\_\_

Washington State Tax Number \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Type of Ownership:  Corporation  Single Proprietorship  Partnership  Other

Qualified areas of work:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Additional qualified areas of work may be attached)

*Prior to contracting, the District may require additional information such as references, statement of qualifications, insurance requirements, performance bond, etc. If you wish to provide such information now, please attach to this form.*

#### CONTRACTOR:

Please add my name to the **Samish Water District Small Works Roster**. 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.

\_\_\_\_\_ Please print name

\_\_\_\_\_ Title

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

STATE OF WASHINGTON )  
COUNTY OF \_\_\_\_\_ ) ss.

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
signed this instrument and acknowledged it to be his/her/their free and voluntary act for  
the uses and purposes mentioned in the instrument.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington

residing at \_\_\_\_\_

My commission expires \_\_\_\_\_