OROVILLE-
TONASKET
IRRIGATION DISTRICT

PO Box 1729, Oroville WA 98844 Ph 509-476-3696 Fax 509-476-3485

Small Works Roster Application

Date: _____

Business Name: _____

Mailing Address:

_____

_____

Street Address (If different):

_____

_____

Telephone Number: _____

FAX Number: _____

Email: _____

Type of Ownership: ☐ Corporation ☐ Single Proprietorship ☐ Partnership

Business License #: _____

Contractors License #: _____

Washington State Tax #: _____

Type/s of equipment you have available and services performed:

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Describe experience, qualifications, etc.:

_____
_____
_____
_____

By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the 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 Signature

STATE OF WASHINGTON)
) ss.
County of _____)

On this day personally appeared before me_____ known to me to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

_____
Notary Public in and for the State of Washington
My commission Expires: _____