

**Orchard Avenue Irrigation District #6**  
**SMALL WORKS ROSTER APPLICATION**

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

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

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

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_

**After Hours Emergency Number:** \_\_\_\_\_ - \_\_\_\_\_

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

**Washington State Contractor License Number, if applicable (please attach copy):**  
 \_\_\_\_\_

**Please include us in the following qualified areas of work:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Computer/Facility Control                        | <input type="checkbox"/> HVAC                      | <input type="checkbox"/> Pressure Washing |
| <input type="checkbox"/> Demolition                                       | <input type="checkbox"/> Masonry                   | <input type="checkbox"/> Sand Blasting    |
| <input type="checkbox"/> Site Work (including landscaping & tree removal) | <input type="checkbox"/> Metal Fabrication/Welding |   |
| <input type="checkbox"/> Electrical Work                                  | <input type="checkbox"/> Painting                  | <input type="checkbox"/> Street Striping  |
| <input type="checkbox"/> Fencing  | <input type="checkbox"/> Paving                    | <input type="checkbox"/> Utility Work     |
| <input type="checkbox"/> General Contractor                               | <input type="checkbox"/> Plumbing                  |   |

**Other:**

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

- Please attach — References showing company name, address, phone number, contact name  
**: Business license, proof of insurance and a bid or quote if job requires.**

**CONTRACTOR/OWNER:**

By signing below, I certify that I am the person that is duly authorized to represent the above referenced company, that I understand the Washington State laws, standard terms, conditions and requirements for complying with prevailing wages, certifications of compliance with wage payment statutes, certification of required training, bonding, retainage, insurance, state contractor's license (if applicable), satisfactory record of performance, and insurance requirements and Business License registration.

Please add my name to the **OAID6 Small Works Roster**. I WILL RENEW MY SMALL WORKS ROSTER APPLICATION ANNUALLY, per **RCW 87.03.436**

**By:**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date