



APPLICATION FOR SMALL WORKS ROSTER

Port of Sunnyside
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IF YOU WISH TO BE PLACED ON THE SMALL WORKS ROSTER OF THE PORT OF SUNNYSIDE, PLEASE SEND THIS COMPLETED APPLICATION TO THE ADDRESS, FAX NUMBER OR EMAIL ADDRESS LISTED ABOVE.

YOU ARE NOTIFIED THAT THE PORT OF SUNNYSIDE COMPLIES WITH THE PREVAILING WAGE LAW OF THE STATE OF WASHINGTON (RCW 39.12) AND REQUIRES ALL CONTRACTORS TO COMPLY.

FURTHER QUESTIONS REGARDING THIS APPLICATION MAY BE DIRECTED TO TRAVIS JANSEN, PROJECT MANAGER.

1. NAME OF COMPANY _____

2. BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

3. CHECK APPROPRIATE: Incorporated Partnership Sole Proprietorship

If incorporated, please state resident agent and address. If partnership or sole proprietorship, state managing person and address.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

4. FEDERAL TAX IDENTIFICATION NO. _____

5. WA ST. CONTRACTOR'S LICENSE NO. _____

LICENSED AS: (Check Appropriate)

_____ General Contractor (Please list areas of expertise): _____

_____ Specialty Contractor (Please specify specialty/specialties): _____

6. WA State Department of Labor & Industries Account Number _____

7. WA State Employment Security Department Account Number _____

8. WA State Department of Revenue Registration Number _____

SIGNED: _____ TITLE: _____ DATE: _____