



## APPLICATION FOR SMALL WORKS ROSTER

**Port of Sunnyside**  
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Sunnyside, WA 98944

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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: \_\_\_\_\_