

Purchasing Department
915 Fourth Street Northeast
Auburn, Washington 98002

In compliance with R.C.W. 28A.58.135, the undersigned requests to be added to the Small Works Roster of the Auburn School District. By completing the enclosed application form, the firm indicated below will have the opportunity to submit proposals for the type and size of projects as you have indicated.

It is understood that no response to three consecutive requests for proposals may result in removal from the approved roster. A written "no bid" submittal shall be considered an acceptable response to the request. Reinstatement on the approved roster may be accomplished by requesting and completing a new application form.

DATE OF APPLICATION:		BILLING ADDRESS (if different than Firm's address)	
FIRM NAME & ADDRESS (include zip code)			
AREA CODE:	FAX NO.:	INITIAL APPLICATION:	
TELEPHONE:		RENEWAL APPLICATION:	
TYPE OF ORGANIZATION (CHECK ONE):	INDIVIDUAL	DATE FORMED	
	PARTNERSHIP	DATE FORMED	
	CORPORATION	DATE FORMED	
		STATE	
	NON-PROFIT	DATE FORMED	
LIST OF OFFICERS/OWNERS/PARTNERS:	OWNER		
	PARTNERS		
	PRESIDENT		
	SECRETARY		
TYPE OF WORK DESIRED (Indicate all applicable items):	Asbestos Abatement		General Contracting
	Asphalt		Heating - Boilers
	Cabinetry		Heating - General
	Carpentry		HVAC
	Carpeting		Landscaping
	Cement Finishing		Masonry
	Drywall		Painting
	Electrical		Plumbing
	Fencing		Roofing
			Site/Excavation
			Other (Indicate type):
BUSINESS AUTHORITY:	Washington State Contractor's License No.:	Expiration Date:	
	Washington State Industrial Insurance No.:	Expiration Date:	
	UBI #	Expiration Date:	

**SMALL WORKS ROSTER
 APPLICATION**

LIABILITY INSURANCE:	Liability Insurance limits:	\$
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BONDING:	Name of Bonding Agent:	
	Address of Bonding Agent:	
	Phone No.:	Bonding Limit: \$

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION:	My firm complies with requirements of Executive Order 11264 dated 9/9/65 and as amended thereafter.	Yes <input type="checkbox"/>
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CREDIT REFERENCES: (List at least three)	Name of Reference	Address	Telephone
	1.		
	2.		
	3.		

PREVIOUS WORK EXPERIENCE: (Other school districts or state agencies)	Name of District/Agency	Address	Telephone
	Contract Person	Contract Completion Date:	Contract Amount \$
	Name of District/Agency	Address	Telephone
	Contract Person	Contract Completion Date:	Contract Amount \$
	Name of District/Agency	Address	Telephone
	Contract Person	Contract Completion Date:	Contract Amount \$
	Name of District/Agency	Address	Telephone
	Contract Person	Contract Completion Date:	Contract Amount \$

CERTIFICATION AND SIGNATURE:

I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS CORRECT AND TRUE (INCLUDING ALL PAPERS ATTACHED). IT IS UNDERSTOOD THAT STATE AFFIDAVITS AND RELEASES WILL BE PROVIDED TO THE SCHOOL DISTRICT BY MY FIRM AS REQUIRED.

AUTHORIZED SIGNATURE	PRINTED NAME AND TITLE OF PERSON SIGNING