

**SMALL WORKS ROSTER - JOINT APPLICATION
SAN JUAN COUNTY PUBLIC WORKS
and the
PORT OF FRIDAY HARBOR**

Date: _____

Contact Name: _____ Title _____

Company Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ FAX Number: _____

Email: _____ Website: _____

WA State Contractor License #: _____

Wash State Tax ID (UBI) ____ - ____ - ____ Fed Tax ID or SS# _____

Type of Business: Corporation/ Sole Proprietorship/ Partnership/ LLC

Is your company bonded: Yes: _____ No: _____ N/A: _____

Indicate the Company's main type of work: _____

Insurance Company and Coverage: _____

If you have a brochure, please submit with application.

For which of the following areas are you most interested in submitting:

- | | |
|--|---|
| <input type="checkbox"/> CARPENTRY/FRAMING | <input type="checkbox"/> GENERAL CONTRACTOR/BLDG CONSTR |
| <input type="checkbox"/> CARPET LAYING | <input type="checkbox"/> GLAZING/GLASS |
| <input type="checkbox"/> CONCRETE | <input type="checkbox"/> LANDSCAPING |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> DIVING/MARINE/SALVAGE | <input type="checkbox"/> MECHANICAL/HVAC |
| <input type="checkbox"/> DOCKS/PIERS/FLOATS | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> DRILLING | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> STRIPING |
| <input type="checkbox"/> FIRE PROTECTION SYSTEMS | <input type="checkbox"/> WATER/SEWER/DRAINAGE SYSTEMS |

Other (Describe): _____
