

**PORT LUDLOW DRAINAGE DISTRICT  
SMALL WORKS ROSTER APPLICATION**

Company Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Telephone Number(s):

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Banking Reference:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of Ownership: Corporation: \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_

Minority and Women Owned Business:

MBE: \_\_\_\_\_ WBE: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Certificate Pending: \_\_\_\_\_

Washington State Tax Number: \_\_\_\_\_

Appropriate Business License: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Number: \_\_\_\_\_

Please a checkmark next to the item that best describes the type of contract your firm qualifies to perform:

\_\_\_\_\_ Concrete Placement/Finishing

\_\_\_\_\_ Masonry

\_\_\_\_\_ Electrical & Telemetry & PLC's

\_\_\_\_\_ Painting

\_\_\_\_\_ General Construction

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Landscape / Vegetation Maintenance

\_\_\_\_\_ Roofing

\_\_\_\_\_ Storm Drainage pipe & appurtenances

\_\_\_\_\_ Other

\_\_\_\_\_

Enter your estimated open project time for a proposed contract with the District, taking into consideration your existing business commitments:

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List your satisfactory record of performance and supply references for the Port Ludlow Drainage District to contact on your firm's integrity, judgment, and skills:

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Supply an estimate for the lead time needed prior to performing any proposed contracts:

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I, \_\_\_\_\_ (signature), \_\_\_\_\_ (date)  
certify the above information to be true and correct statements in relationship to my firm's status, schedule, and abilities to perform upcoming projects.

**NOTARY:**

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

I certify that I know or have satisfactory evidence that

\_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledge it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington,

residing at \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Commission Expires on: \_\_\_\_\_