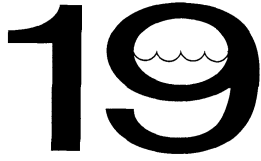


**WATER DISTRICT**



17630 100<sup>th</sup> Avenue S.W.  
Post Office Box T  
Vashon Island, Washington 98070  
Phone: 206/463-9007 Fax: 206/463-1262  
e-mail: water19@water19.com

**Small Works Roster Application**

Company: \_\_\_\_\_

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

Street Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Banking Reference:** Name of Bank: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Type of Ownership: Corporation Single Proprietorship Partnership

Minority and/or Women Owned Business: YES NO

Business License#: \_\_\_\_\_

Contractor's License#: \_\_\_\_\_

- Washington State Tax#: \_\_\_\_\_

**Check boxes that describe types of work your firm qualifies to Perform:**

- General Contractor
- Building
- Concrete Placement Finishing
- Electrical
- Heating
- Painting

- Paving
- Road Grading
- Cleaning/Grubbing
- Plumbing
- Roofing
- Storm Drainage
- Street Repair and Construction

- Water System Work:
  - Water Main Construction and Repair
  - Rapid Sand Filtration
  - Sand Filter Media Supplies
  - Water System Telemetry
  - Water Tank Inspection, Cleaning and Painting
  - Pumps and Motor
  - Well Drilling
  - Hydrogeologist
  - Water Treatment Chemical Supplier
  - Small Stream Dam and Fish Ladder Contractor
  - Leak Detection Consultant

Other \_\_\_\_\_

### **Contractor Safety Experience**

List Contractor's compensation Interstate Experience Modification Rate for the three most recent years. If greater than 1.0, attach description of circumstances.

2008 \_\_\_\_\_ 2009 \_\_\_\_\_ 2010 \_\_\_\_\_

Please use the last year's OSHA no 200 log to provide the following:

Number of lost workday cases: \_\_\_\_\_

Number of fatalities \_\_\_\_\_

Does the contractor conduct project safety inspections? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state how often and who performs: \_\_\_\_\_

Does the contractor have a written Safety Program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the contractor have a Safety Orientation Program for new hires: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the contractor have a Safety Program for foreman? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How frequently do on-site crews hold safety meetings?

Weekly: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Other: \_\_\_\_\_

Describe experience and qualifications:

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**List 5 References:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Other information regarding your firm's ability to satisfactorily perform a contract:**

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By signature below, I acknowledge that I have read and understand the requirements described in this application the best of my knowledge the information is provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

\_\_\_\_\_  
Typed Name & Title of Preparer

\_\_\_\_\_  
Signature

STATE OF WASHINGTON)

) ss.

County of)

On this day personally appeared before me \_\_\_\_\_ known to me to be the individual described in and who executed the within and forgoing instrument, and acknowledged that \_\_\_\_\_ signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Public in and for the State of Washington residing at:

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