



**SMALL WORKS ROSTER APPLICATION
CITY OF BUCKLEY**

Attn: Deputy City Clerk

P.O. Box 1960 ♦ 933 Main Street

Buckley, WA 98321-1960

(360) 829-1921, ext.200 ♦ fax (360) 829-2659

E-mail: city@cityofbuckley.com

WHEN USING THE SMALLWORKS ROSTER TO AWARD CONTRACTS IN THE AMOUNT OF \$200,000 OR LESS, THE CITY WILL INVITE PROPOSALS FROM A MINIMUM OF THREE APPROPRIATE CONTRACTORS ON THE SMALL WORKS ROSTER AND, WHENEVER POSSIBLE, WILL INVITE AT LEAST ONE PROPOSAL FROM A MINORITY OR WOMAN CONTRACTOR WHO OTHERWISE QUALIFIES. THE CONTRACT WILL BE AWARDED TO THE CONTRACTOR SUBMITTING THE LOWEST RESPONSIBLE BID.

Company Name _____

Owner/Contact Name _____

Mailing Address _____

Street Address _____

City/State/Zip _____

Telephone Number _____ Fax Number _____

E-mail _____

Type of Ownership { } Corporation { } Single Proprietorship { } Partnership

Number of Employees _____

Federal Tax Identification # _____

Contractors' License # _____

Washington State Tax # _____

City of Buckley Business License # _____

- Check boxes that describe the types of work your firm is qualified to perform:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Building Construction/Maintenance |
| <input type="checkbox"/> Concrete Placement Finishing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Road Grading | <input type="checkbox"/> Cleaning/Grubbing |
| <input type="checkbox"/> Landscaping/Tree Removal | <input type="checkbox"/> Parks and Equipment |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Storm Drainage | <input type="checkbox"/> Sewer Systems |
| <input type="checkbox"/> Street Repair and Construction | <input type="checkbox"/> Nuisance Abatement |
| <input type="checkbox"/> Water Systems | (i.e.: Trash, Junk Vehicles) |
| <input type="checkbox"/> Consulting Services _____ | <input type="checkbox"/> Other _____ |

Describe experience and qualifications:

List the name, address and phone number of three references which can vouch for your company's performance record, integrity, judgment and skills.

Other information regarding your firm's ability to satisfactorily perform a contract with the City of Buckley:

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

Name (Printed) _____

Signature _____

Date _____ *Expires in one (1) year*

Renewal Date _____ Initials _____

_____ Initials _____

_____ Initials _____

May be renewed up to three (3) years by phone or E-mail if information remains the same. After three renewals a new application must be re-submitted.