

**STEVENSON-CARSON SCHOOL DISTRICT #303
SMALL WORKS ROSTER**

(Must be renewed each year)

Legal Name of Firm: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Name and Title of Person Authorized to Sign Quotations/Bids: _____

Business Phone: _____ Number of Employees: _____

Washington License or Registration Number: _____ Expiration Date: _____

Name of your Insurance Company: _____

Liability: _____ Performance Bond: _____ Amount: _____

Have you previously performed work for the District: Yes No

If yes, approximately when? _____

Description of work performed for other public agencies: _____

Type(s) of work your company is prepared and equipped to perform (List in order of preference):

Will you provide performance/payment bond, affidavit of intent to pay prevailing wages, and insurance certificates for work to be performed? Yes No

Are you an equal opportunity and affirmative action employer? Yes No

Are you in arrears with any payroll or L&I payments to the state? Yes No

Attach a list of references (names and telephone numbers) we can contact.

Signature _____

Printed Name _____

Title _____

Date _____