

# **SMALL WORKS ROSTER APPLICATION**

## **City of Chelan**

Thank you for the interest expressed by your firm to be included on the City of Chelan Small Works Roster. To determine qualifications of firms to provide services to the City, please complete the information on this form and return it to the City of Chelan, Public Works Office Manager, 50 Chelan Falls Road, Chelan, WA 98816. Information provided will be kept in confidence unless a matter of public record.

The City of Chelan is an Affirmative Action/Equal Employment Opportunity Employer.

**PREQUALIFICATION REQUIREMENTS** - Firms on the Small Works Roster must be able to show proof of ability to provide the following:

1. Insurance, naming the City as additional insured prior to performance of any contract.
2. List of references of similar projects performed by contractor in the past two (2) years.
3. Proof of appropriate Contractor's License.
4. Proof of possession of or intent to acquire appropriate City of Chelan Business License prior to performance of any contracts.

**SMALL WORKS ROSTER APPLICATION**  
**City of Chelan**

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

Contact Person: \_\_\_\_\_

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Zip: \_\_\_\_\_

Type of Ownership -  Corporation       Single Proprietorship  
 Minority Owned Business       Women Owned Business

Contractor License Number \_\_\_\_\_

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

City of Chelan Business License?     Yes       No      Number: \_\_\_\_\_

Check box(s) that best describes type of contract your firm qualifies to perform:

- |   |   |
|---|---|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Plumbing         |
| <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Roofing          |
| <input type="checkbox"/> General Construction         | <input type="checkbox"/> Storm Drainage   |
| <input type="checkbox"/> Heating                      | <input type="checkbox"/> Sewerage Systems |
| <input type="checkbox"/> Masonry                      | <input type="checkbox"/> Street Repair    |
| <input type="checkbox"/> Traffic Signalization        | <input type="checkbox"/> Painting         |
| <input type="checkbox"/> Paving                       | <input type="checkbox"/> Water Systems    |
| <input type="checkbox"/> Other                        |   |

\_\_\_\_\_  
Please Specify

By signature below, I acknowledge that I have read and understand the requirements 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. I further state that the named firm (contractor) has no previous record of default in the performance of a contract, has not failed to complete a written public contract, and has not been convicted of a crime arising from a previous public contract.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**Print or Type Name & Title of Preparer**