

**Port of Centralia**  
**2012 Small Works Roster Application**

3508 Galvin Road, Centralia, WA 98531

Phone: (360) 736-3527 Fax: (360) 330-5666

**Application Effective January 1, 2012 through December 31, 2012**

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*If you wish for your company to be placed on the Port of Centralia's Small Works Roster, the following application must be completed in all particulars. Incomplete applications will not be accepted. You are hereby notified that the Port of Centralia complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires all contractors to comply.*

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Contact Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_ **UBI Number:** \_\_\_\_\_

**State Licensing Information: Minority Contractor:**

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

**State of Washington Contractor Registration Number:** \_\_\_\_\_

**Licensed As:**

\_\_\_\_\_ General Contractor  
\_\_\_\_\_ Specialty Contractor (Please state specialty below:)

\_\_\_\_\_  
\_\_\_\_\_

**Type of Business:** \_\_\_\_\_ Incorporated  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole Proprietor

*If incorporated, state resident agent and address below. If partnership or sole proprietor, state managing person and address below*

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Bond Information: Name of Bonding Company:** \_\_\_\_\_

**Amount of Bond:** \_\_\_\_\_

**Bond Number:** \_\_\_\_\_

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**Prepared By:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PORT USE ONLY**

**Received By:** \_\_\_\_\_ **LNI Status Verified:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

