

Toledo School District No. 237 Small Works Roster Application

COMPANY NAME: _____

ADDRESS:(Physical)_____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS: (Mailing)_____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

INDIVIDUAL

PARTNERSHIP

CORPORATION

DATE FORMED: _____

UBI# _____ WA STATE CONTRACTOR'S LICENSE#: _____

AFFILIATED COMPANIES: _____

IN ORDER THAT WE MAY PROPERLY EVALUATE YOUR FACILITES FOR SUBCONTRACTING PURPOSES IT IS REQUESTED THAT THE FOLLOWING QUESTIONS BE ANSWERED IN FULL:

1. List principals (owner, partners, corporate officials):

Name

Title and Duties

Name

Title and Duties

2. Bank:

Name

Address

3. Business References (minimum of three)

Company

Telephone

Company

Telephone

Company

Telephone

Company

Telephone

4. For what type of work do you wish to submit proposals?

- | | | |
|--|--|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Electrical | <input type="checkbox"/> Alarm – Fire & Intrusion |
| <input type="checkbox"/> Telephone Equipment | <input type="checkbox"/> Controls - HVAC | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Excavation/Dirt Removal | <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Asbestos Removal |
| <input type="checkbox"/> Track & Field Surfaces | <input type="checkbox"/> Painting | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Computer/IT | <input type="checkbox"/> Other _____ | |

5. **“Intent to Pay Prevailing Wage”** and **“Affidavit of Wages Paid”** forms must be provided on all qualifying projects. Performance/payment bond and/or certificate of insurance may also be requested. Are you willing to comply?

- Yes No

6. Toledo School District is an equal opportunity and affirmative action employer. The vendor agrees that it and its subcontractors, where applicable, will comply with all local, state and federal rules and regulations and will not discriminate on the basis of race, color, national origin, sex, age, or handicap when performing any work for Toledo School District. Do you agree to comply with these requirements?

- Yes No

Requests for quotation should be directed to:

Name

Title

Authorized Company Signature

Date

Mail or deliver application to:

Toledo School District No. 237
116 Ramsey Way
PO Box 469
Toledo, WA 98591
(360) 864-6325
(360) 864-6326 (FAX)