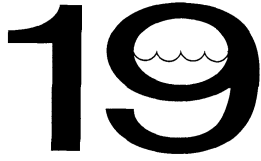


WATER DISTRICT



17630 100th Avenue S.W.
Post Office Box T
Vashon Island, Washington 98070
Phone: 206/463-9007 Fax: 206/463-1262
e-mail: water19@water19.com

Small Works Roster Application

Company: _____

Mailing Address: _____

Street Address (if different): _____

Telephone Number: _____ Fax Number: _____

Email: _____

Banking Reference: Name of Bank: _____

Address: _____

Telephone: _____

Type of Ownership: Corporation Single Proprietorship Partnership

Minority and/or Women Owned Business: YES NO

Business License#: _____

Contractor's License#: _____

- Washington State Tax#: _____

Check boxes that describe types of work your firm qualifies to Perform:

- General Contractor
- Building
- Concrete Placement Finishing
- Electrical
- Heating
- Painting

- Paving
- Road Grading
- Cleaning/Grubbing
- Plumbing
- Roofing
- Storm Drainage
- Street Repair and Construction

- Water System Work:
 - Water Main Construction and Repair
 - Rapid Sand Filtration
 - Sand Filter Media Supplies
 - Water System Telemetry
 - Water Tank Inspection, Cleaning and Painting
 - Pumps and Motor
 - Well Drilling
 - Hydrogeologist
 - Water Treatment Chemical Supplier
 - Small Stream Dam and Fish Ladder Contractor
 - Leak Detection Consultant

Other _____

Contractor Safety Experience

List Contractor's compensation Interstate Experience Modification Rate for the three most recent years. If greater than 1.0, attach description of circumstances.

2009 _____ 2010 _____ 2011 _____

Please use the last year's OSHA no 200 log to provide the following:

Number of lost workday cases: _____

Number of fatalities _____

Does the contractor conduct project safety inspections? Yes: _____ No: _____

If yes, please state how often and who performs: _____

Does the contractor have a written Safety Program? Yes: _____ No: _____

Does the contractor have a Safety Orientation Program for new hires: Yes: _____ No: _____

Does the contractor have a Safety Program for foreman? Yes: _____ No: _____

How frequently do on-site crews hold safety meetings?

Weekly: _____ Bi-weekly: _____ Monthly: _____ Other: _____

Describe experience and qualifications:

List 5 References:

1. _____
2. _____
3. _____
4. _____
5. _____

Other information regarding your firm's ability to satisfactorily perform a contract:

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

Typed Name & Title of Preparer

Signature

STATE OF WASHINGTON)

) ss.

County of)

On this day personally appeared before me _____ known to me to be the individual described in and who executed the within and forgoing instrument, and acknowledged that _____ signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Public in and for the State of Washington residing at:
