

**KLICKITAT COUNTY  
SMALL WORKS ROSTER APPLICATION**

Klickitat County Public Works Department  
228 West Main Street, Mail Stop CH-19  
Goldendale, WA 98620  
(509) 773-4616

NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS LICENSE NO: \_\_\_\_\_

CONTRACTOR'S REGISTRATION NO. \_\_\_\_\_

FEDERAL TAX ID OR SOCIAL SECURITY NO.: \_\_\_\_\_

MINORITY/WOMAN OWNED BUSINES ENTERPRISE CERT. NO. \_\_\_\_\_ N/A \_\_\_\_\_

1. INCOMPLETE APPLICATIONS WILL **NOT** BE ACCEPTED.
2. WHEN USING THE SMALL WORKS ROSTER TO AWARD CONTRACTS IN THE AMOUNT OF \$200,000 OR LESS THE COUNTY WILL INVITE PROPOSALS FROM A MINIMUM OF THREE APPROPRIATE CONTRACTORS ON THE SMALL WORKS ROSTER AND WHENEVER POSSIBLE, WILL INVITE AT LEAST ONE PROPOSAL FROM A MINORITY OR WOMAN CONTRACTOR WHO OTHERWISE QUALIFIES. THE CONTRACT WILL BE AWARDED TO THE CONTRACTOR SUBMITTING THE LOWEST RESPONSIBLE BID.
3. QUESTIONS CONCERNING THIS APPLICATION MAY BE DIRECTED TO THE PUBLIC WORKS ADMINISTRATIVE ASSISTANT. (509) 773-4616.
4. DESCRIBE/LIST THE TYPE OF WORK YOUR FIRM QUALIFIES TO PERFORM.

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**5. ROSTER EFFECTIVE UNTIL JANUARY 31, 2013**

I certify that all information on this application is correct. I understand that any misrepresentation or false statements on this application may be cause to reject the application.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_