APPLICATION FOR PROFESSIONAL SERVICES ROSTER
PORT OF CLARKSTON

If you wish to be placed on the Professional Services Roster of the Port of Clarkston, please provide the following information. (DBE and minorities encouraged to apply.)

1. Name of Company: _____

2. Key Contact: _____ Cell Phone: _____

3. Business Address: _____

   City:_____State:_____Zip:_____Bus.phone:_____

4. Check Appropriate: _____Incorporated _____Partnership _____Sole Proprietorship

   If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address.

   Name:_____

   Street:_____

   City_____State_____Zip_____

5. **Federal Tax Identification number:** _____

6. State Licensing Information:

   State of Washington Professional License No._____

   Licensed as: _____ (Please state specialty)

   Date:_____ By: _____

   Title:_____ E-Mail:_____

7. **Area(s) of Expertise**: _____

   _____

   _____

   _____

Please feel free to attach information or continue on the reverse side to fully describe your services.

Please return by mail to 849 Port Way, Clarkston WA 99403 or by FAX (509) 758-1746 or
E-Mail: office@portofclarkston.com