

**APPLICATION FOR SMALL WORKS ROSTER
PORT OF CLARKSTON**

If you wish to be placed on the Small Works Roster of the Port of Clarkston, the following application must be completed. Return by mail to: Port of Clarkston, 849 Port Way, Clarkston, WA 99403 or fax (509) 758-1746 or email to office@portofclarkston.com.

You are notified that the Port of Clarkston complies with the prevailing wage of the State of Washington (RCW 39.12) and requires all contractors to comply.

1. **Name of Company** _____

2. **Business Address** _____

City _____ State _____ Zip _____ Phone _____

3. 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 _____

4. **Federal Tax Identification number** _____

5. **State Licensing Information:**

State of Washington Contractors Registration No. _____

Contractor's Bond Information: _____

Name of Bonding Company _____

Amount of Bond: _____ **Bond Number:** _____

Licensed as: (check appropriate)

_____ General Contractor

_____ Specialty Contractor (Please state specialty) _____

Date: _____ **By:** _____

Title: _____ **E-Mail Address:** _____