

**APPLICATION FOR SMALL WORKS ROSTER**

**PORT OF ILWACO**  
PO Box 307  
Ilwaco, WA 98624  
Phone – (360) 642-3143  
Fax – (360) 642-3148

If you would like to be placed on the Small Works Roster at the Port of Ilwaco, the following application must be completed in all particulars. Incomplete applications will not be accepted.

Your are notified that the Port of Ilwaco complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires that all contractors comply.

**Roster effective dates: January 1, 2012 – December 31, 2012**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Type of Business:** Incorporated \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
If incorporated, state resident agent and address; if partnership or proprietorship, state managing person:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax I.D.# \_\_\_\_\_

State Licensing Information:

State of Washington Contractor's Registration Number \_\_\_\_\_

Bonding Company \_\_\_\_\_ Bond Number \_\_\_\_\_

Type of License: General \_\_\_\_\_ Specialty \_\_\_\_\_

Specialties \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_