



PORT OF ILWACO

Direct All Information To:
**PORT OF ILWACO
FINANCE DEPARTMENT
P.O. Box 307, Ilwaco, WA 98624
(360) 642-3143 Fax: (360) 642-3148**



Port of Chinook

COMBINED SMALL WORKS ROSTER APPLICATION

Thank you for the interest expressed by your firm to be included on the Port of Ilwaco Small Works Roster. To determine qualification of firms offering to provide services to the Port, please use this form. Return to the Port of Ilwaco, PO Box 307, Ilwaco, WA 98624. Incomplete applications will not be processed. Information provided will be kept in confidence unless it becomes a matter of public record.

In addition to this form we require all applicants to complete the attached Federal W-9 Form.

You 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. As of July 1, 2019 all businesses are required to have training before bidding and/or performing work on public works projects as part of responsible bidder criteria (RCW 39.04.350). For further information refer to:

<https://www.lni.wa.gov/TradesLicensing/PrevWage/Contractors/Training.asp>

PRE-QUALIFICATION REQUIREMENTS

Firms on the Small Works Roster must show proof of ability to provide:

1. *Proof of appropriate Contractor License.
2. *Statement that contractor has no previous record of default in the performance of, or failed to complete, a written public contract, or has not been convicted of a crime arising from a previous public contract.
3. Insurance, naming the Port as an additional insured prior to performance of any contract.
4. A Performance Bond, if required, prior to performance of any contract.

*These items must accompany the application.

**PORT OF ILWACO / PORT OF CHINOOK COMBINED
SMALL WORKS ROSTER APPLICATION**

COMPANY NAME _____

PHONE # () _____ DATE OF APPLICATION _____

CONTACT NAME _____ PHONE # () _____

STREET ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

BANKING REFERENCE Name of Bank _____

Address _____

Phone # () _____

TYPE OF OWNERSHIP _____ Corporation _____ Sole Proprietorship

CONTRACTOR LICENSE # _____

WASHINGTON STATE TAX # _____

FEDERAL TAX ID # _____

BONDED AGENCY _____

LIABILITY INSURANCE CO _____

Check the boxes that best describes the type of contract your firm qualifies to perform:

- | | |
|--|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Environmental/Fuel Construction | <input type="checkbox"/> Sewerage System |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Street Repair |
| <input type="checkbox"/> Industrial Electrical | <input type="checkbox"/> Traffic Signals |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Masonry | _____ |

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

NAME & TITLE OF PREPARER (print)

SIGNATURE & DATE