

CITY OF LYNDEN
Public Works Department
SMALL WORKS ROSTER APPLICATION

COMPANY NAME: _____

Owner/Contact Person: _____
(Please print)

Address/Mailing Address City State Zip

Telephone Number: _____ - _____

After Hours Emergency Number: _____ - _____

Email Address: _____ Web Address: _____

Washington State Contractor License Number, if applicable (please attach copy):

Please include us in the following qualified areas of work:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> HVAC | <input type="checkbox"/> Pressure Washing |
| <input type="checkbox"/> Computer/Facility Control | <input type="checkbox"/> Masonry | <input type="checkbox"/> Sand Blasting |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Metal Fabrication/Welding | |
| <input type="checkbox"/> Site Work (including landscaping & tree removal) | | |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Painting | <input type="checkbox"/> Street Striping |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Paving | <input type="checkbox"/> Utility Work |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Plumbing | |

Other:

1. _____ 2. _____

- Please attach — References showing company name, address, phone number, contact name, and the project you worked on (including the scope of work).
- Please attach — Contractor's qualifications — resume

CONTRACTOR/OWNER:

By signing below, I certify that I am the person that is duly authorized to represent the above referenced company, that I understand the Washington State laws, standard terms, conditions and requirements for complying with prevailing wages, certifications of compliance with wage payment statutes, certification of required training, bonding, retainage, insurance, state contractor's license (if applicable), satisfactory record of performance, and City of Lynden insurance requirements and Business License registration.

Please add my name to the **City of Lynden Small Works Roster**. I WILL RENEW MY SMALL WORKS ROSTER APPLICATION ANNUALLY, per Lynden City Ordinance.

By:

Please print name Title

Signature Date