



PROFESSIONAL SERVICES APPLICATION

APPLICATION INFORMATION

PRACTICING WASHINGTON STATE LICENSE #		OWNER'S FULL NAME	
NAME OF FIRM		BUSINESS PHONE	FAX #
ADDRESS		CITY	STATE ZIP CODE
AUTHORIZED AGENT		TITLE	
INSURANCE CARRIER			
ADDRESS		CITY	STATE ZIP CODE
POLICY NUMBER	EXPIRES	ERROR/OMISSION INSURANCE OF \$1,000,000 OR MORE <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY LIMIT \$ <input type="checkbox"/> YES <input type="checkbox"/> NO
MINORITY OR WOMEN OWNED BUSINESS CERTIFICATE #:		FEDERAL TAX PAYER ID NO.	

REFERENCES

BANKING REFERENCE - NAME OF BANK		CONTACT PERSON	
ADDRESS		CITY	STATE PHONE
PLEASE PROVIDE THE NAMES AND ADDRESSES OF AT LEAST TWO (2) CLIENTS FOR WHOM YOU HAVE PERFORMED CONTRACT WORK DURING THE PAST YEAR (MUNICIPAL REFERENCES PREFERRED)			
CLIENT		CONTACT PERSON	
ADDRESS		CITY	STATE PHONE
CLIENT		CONTACT PERSON	
ADDRESS		CITY	STATE PHONE

DO YOU AGREE TO COMPLY WITH ALL EQUAL OPPORTUNITY EMPLOYMENT LAWS AND ALL OTHER LOCAL APPLICABLE STATE AND FEDERAL LAWS PERTAINING TO THE PERFORMANCE OF GOVERNMENT CONTRACTS?

YES NO

PROJECT SIZE FOR WHICH YOU WISH TO BE CONSIDERED:

\$0-\$7,500 \$7,500-\$15,000 \$15,000-\$30,000 \$30,000+

STATEMENT OF CERTIFICATION

I THE UNDERSIGNED, DULY SERVING AS AUTHORIZED AGENT FOR THE FIRM FIRST INDICATED HEREIN, DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THERE HAS BEEN NO WILLFUL INTENT TO MISREPRESENT ANY FACT OR CIRCUMSTANCE REGARDING THE STATUS OF SAID FIRM OR ITS ABILITY TO PERFORM THE WORK INDICATED HEREIN.

SIGNATURE	DATE
PRINTED NAME	TITLE

PLEASE RETURN COMPLETED FORM TO:

KENNEWICK IRRIGATION DISTRICT * ATTN: PROFESSIONAL SERVICES * 12 W. KENNEWICK AVE. * KENNEWICK, WA 99336