

SMALL WORKS ROSTER APPLICATION

Date of Application: _____

Name of Contractor or Business Owner: _____

Telephone No. (_____) _____ Fax No. (_____) _____

Mailing Address: _____

Street Address: _____

Email: _____

Preference on how to receive Invitations to Bid: Mail ___ Email ___ Fax ___

Ownership Type: Sole Proprietor ___ Partnership ___ Corporation _____

State of Washington Tax I.D. No. _____

City of Omak Business Registration No. _____

Trade License No. (Contractor's No.) _____

Description of Services Provided: _____

Experience and Technical Qualifications: _____

Three Business References:

By signing below I attest that the information provided above is correct. I acknowledge that Okanogan County Public Hospital District #3 (DBA Mid Valley Hospital) and its subsidiaries, are a public district and that all work must follow prevailing wage laws including submitting required L&I Intents/Affidavits appropriately.

Applicant's Signature and Title

Print Name of Applicant