



**TOWN OF STEILACOOM SMALL WORKS ROSTER  
APPLICATION FORM**

APPLICANT'S NAME & ADDRESS:	( ) INITIAL APPLICATION	( ) REVISION
	DATE OF APPLICATION:	
	APPLICANT'S MAILING ADDRESS:	

TYPE OF ORGANIZATION (CHECK ONE)		
( ) INDIVIDUAL	( ) PARTNERSHIP	( ) CORPORATION

IF INCORPORATED, INDICATE WHICH STATE:	HOW LONG IN PRESENT BUSINESS:
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**NAMES OF OFFICERS, OWNERS, OR PARTNERS**

PRESIDENT:	VICE PRESIDENT:	SECRETARY:
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OWNERS OR PARTNERS:

**PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME**

NAME	OFFICIAL CAPACITY	AREA CODE/TELEPHONE NO.

WASHINGTON STATE CONTRACTORS LICENSE NUMBER:

MINORITY AND WOMEN OWNED BUSINESS  MBE _____  WBE _____	CERTIFICATION  I certify that the information supplied herein, including all pages attached hereto, is correct and that neither the application nor any person, or concern, in any connection with the applicant as a principal or officer, so far as is known, is now declared or otherwise declared ineligible by any public agency from bidding, for furnishing materials, supplies, or services to any agency thereof.	
	SIGNATURE:	DATE: