

Clover Park School District
Purchasing Department
10903 Gravelly Lake Dr SW
Lakewood WA 98499

Small Works Roster Application

Company Name _____

Address _____ Zip _____

Billing Address _____ Zip _____

Telephone (Office) _____ Fax _____

Individual - Date formed _____

Partnership - Date formed _____

Corporation - Date formed and state _____

Affiliated companies

Federal Tax ID# _____ UBI# _____

Washington State Contractor's License# _____ Expiration Date _____

In order that we may properly evaluate your facilities for subcontracting purposes, it is requested that the following questions be answered in full.

1. List principals (owner, partners, corporate officials)

NAME

TITLE AND DUTIES

NAME

TITLE AND DUTIES

NAME

TITLE AND DUTIES

NAME

TITLE AND DUTIES

2. Bank

NAME

ADDRESS

NAME

ADDRESS

3. List principal companies for whom work is performed

COMPANY

ADDRESS

COMPANY

ADDRESS

COMPANY

ADDRESS

4. Explain type of work company is prepared and equipped to perform. In addition, include brochures if available.

5. Small Business Certificate

A "small business concern," is a concern (including its affiliates) which is independently owned and operated, is not dominant in the field of operation in which it is bidding, and can further qualify under the criteria established by the Small Business Administration.

Seller Certifies that it is is not - a small business concern

Total number of employees _____

Union Affiliations _____



6. Minority Business Enterprise/Women Business Enterprise Certificate

I certify that the company listed on the face of this form as defined by Gubernatorial Executive Order 66-1-70-01
 is is not a Minority Business Enterprise and/or is is not a Women's Business Enterprise.

Certificate Number _____ Date of Certification _____

7. Clover Park School District is an equal opportunity and affirmative action employer and the provisions of Executive Order 11246, dated September 9, 1965, as amended, will apply to any work performed by you for Clover Park School District. Do you comply with these requirements?

Yes No

8. List previous work experience, if any, with other school districts or state agencies. Please include description of work performed, date, approximate dollar value and name of contact person.

District/Agency: _____

Description of Work: _____

Date: _____ Dollar Amount: _____ Contact Person: _____

District/Agency: _____

Description of Work: _____

Date: _____ Dollar Amount: _____ Contact Person: _____

District/Agency: _____

Description of Work: _____

Date: _____ Dollar Amount: _____ Contact Person: _____

District/Agency: _____

Description of Work: _____

Date: _____ Dollar Amount: _____ Contact Person: _____

9. Will you provide performance/payment bond, affidavit of intent to pay prevailing wages and insurance certificates for work to be performed if required by the district?

Yes No

10. Are you assigning your receivables?

Yes No Note: If answer is "yes," please indicate to whom they are assigned. _____

11. Requests for quotation should be directed to:

NAME

TITLE

I (we) hereby certify that I (we) have not been excluded, disqualified, suspended or debarred by any action from providing goods or services under federal contracts or that relate to federal contracts.

AUTHORIZED COMPANY SIGNATURE

TITLE

DATE