Northeast Sammamish Sewer and Water District Small Works Roster Application

Company Information Name of Applicant or Firm: Street Address: City: Zip Code: Type of Ownership: ☐ Corporation ☐ Sole Proprietorship □ Other Number of Years in Business: Firm's Certification Status: □ Women and Minority-Owned Business as defined in RCW 39.13.030(7)(b) □ Veteran Owned Business as defined in RCW 43.60A.010 ☐ Small Business as defined in RCW 39.04.010 Contractor's License No: Federal ID # Federal ID # City of Sammamish Business License No. King County Business License No. Insurance Information: Name of Carrier____ Address: City, State, Zip: Policy Number: Aggregate Limit:_____ Limit Each Occurrence: Range of Work/Bonding Capacity: Performance and Payment bonds are required for all public works projects exceeding \$5,000. If under \$150,000 10\% retainage may be withheld in lieu of a bond. Bond Capacity:

		I certify that the applicant has not been disqualified from bidding on any works contract under RCW 39.06.010 or 39.12.065(3).	y public			
		I certify that all workers on projects to be completed by applicant will be less than prevailing wage in compliance with RCW 30.12 and that I have current prevailing wage rates with the Washington Department of Laboral Industries.	ve verified			
		I certify that applicant has completed the required Washington State De Labor & Industries training or my company is exempt.	partment of			
		I certify the applicant will maintain, throughout the duration of any project for which the company is awarded a contract, contractors general liability insurance in the minimum amount of \$1 million per occurrence/\$1 million aggregate for work in all categories.				
Catego	rie	s of Work (check all that apply)				
Refere	Wa Ro Par Ele La Fer Oth	wer ater ads/Earth Work inting/Cleaning ectrical ndscaping ncing her				
Lo Da Pro	ojec cati ite C ojec	t Name: on (City/State): Completed: t Construction Cost: ription of Project:	- - -			

Owner Reference We May Contact		
Contact Name:	Title:	
Telephone:	Email:	
Project #2		
Project Name		
Location (City/State): Date Completed:		
Date Completed:		
Project Construction Cost:		
Description of Project:		
Owner Reference We May Contact		
Contact Name:	Title	
Contact Name:	Title: Email:	
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Project #3		
Project Name:		
Location (City/State):		
Date Completed:		
Project Construction Cost:		
Description of Project:		
Owner Reference We May Contact		
Contact Name:	Title:	
Telephone:	Email:	

Signature

Contractors selected from the District's Small works Roster must comply with Washington State Prevailing Wage laws including filing intent to pay and affidavit of wages paid. Contractor must also provide performance bonds and insurance meeting District requirements for each job. Payments are subject to 5% retainage. These contract requirements also apply to emergency repair work.

By signature below, I acknowledge that I have read and understand the requirements described by this application and to the best of my knowledge, information is a true representation of the applicant's ability to perform any contracts which may result by submittal of this application. Contractors must submit this form each calendar year to remain on the roster.

Printed Name & Title	 	
Signature		
Date		. ,