

**PORT OF PORT TOWNSEND  
2004 SMALL WORKS ROSTER APPLICATION**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Phone: \_\_\_\_\_ (include area code)      Fax: \_\_\_\_\_ (include area code)

Email: \_\_\_\_\_

Address to which bids, proposals and contracts are to be mailed if different from above:

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Persons authorized to sign bids, proposals and contracts:

<u>NAME</u>	<u>OFFICIAL CAPACITY</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type(s) of work performed - Check those areas that apply:

- |                                      |                  |                    |
|--------------------------------------|------------------|--------------------|
| _____ Architecture Work              | _____ Carpentry  | _____ Construction |
| _____ Dock Construction              | _____ Dredging   | _____ Electrical   |
| _____ Engineering                    | _____ Mechanical | _____ Plumbing     |
| _____ Salvage, Underwater & Planning |                  |                    |

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list areas of special interest/expertise:

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License or Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of your insurance company: \_\_\_\_\_

Is this a DBE/MBE/WBE business? \_\_\_\_\_

Certification number and expiration date: \_\_\_\_\_

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### **CERTIFICATION**

I certify that information supplied herein, including all pages attached, is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title of Person Authorized to Sign  
- **Please Type or Print** -

Port of Port Townsend  
PO Box 1180  
Port Townsend, WA 98368

Phone: (360) 385-0656  
Fax: (360) 385-3988