

SMALL WORKS ROSTER APPLICATION
 PORT OF PEND OREILLE DBA PEND OREILLE VALLEY RAILROAD

Business Name and Address:

Contact Person:

Business Phone: _____
 Other Phone: _____
 Cell Phone: _____
 Fax : _____

EIN: _____

WA State Business or Contractor License No.: _____

Type of Business: _____

CHECK TYPE OF WORK

AVAILABLE TO PERFORM:	DESCRIPTION:
_____	Ballast
_____	Construction / Demolition
_____	Derailment Services
_____	Electrical
_____	Engineering
_____	Environmental Service
_____	Equipment – Rentals, Maintenance, Repairs, Inspections
_____	Excavation
_____	Hazardous Materials – Clean-up, other services
_____	Landscaping
_____	Other: <u>List:</u> _____
_____	Painting – Interior, Exterior
_____	Surveying
_____	Track Construction
_____	Weed Control

List 3 Clients who can verify you experience or can recommend your service:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Contractors desiring to be placed on the Small Works Roster must attach a copy of any applicable licenses, certifications, registrations, bonding, insurance, or other appropriate matters to this application.

Are you registered as a qualified disadvantaged business enterprise (D.B.E.) _____ Yes _____ No

Signature: _____

Date: _____