

Port of Centralia
2024 Small Works Roster Application

3508 Galvin Road, Centralia, WA 98531

Phone: (360) 736-3527 Fax: (360) 330-5666 info@portofcentralia.com

Application effective August 22, 2024 through December 31, 2024

*If you wish for your company to be placed on the Port of Centralia's Small Works Roster, the following application must be completed in all particulars. Incomplete applications will not be accepted. **You are hereby notified that the Port of Centralia complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires all contractors to comply.***

Attach **W-9** & UBI Forms to application in order to be placed on the Port of Centralia Small Works Roster.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Fax Number:** _____

Contact Name: _____ **Job Title:** _____

Email Address: _____

All contractors on the Small Works Roster must agree and be able to receive notifications and other communications via email.

Federal Tax ID Number: _____ **UBI Number:** _____

State Licensing Information: *As defined in the Washington State RCWs listed below:*
_____ Small business (RCW 39.04.010) _____ Women-owned (RCW 39.19.030(7))
_____ Minority-owned (RCW 39.19.030(7)) _____ Veteran-owned (RCW 43.60A.010)

State of Washington Contractor Registration Number: _____

Licensed As:
_____ General Contractor
_____ Specialty Contractor (Please state specialty below):

Type of Business: _____ Incorporated
_____ Partnership
_____ Sole Proprietor

If incorporated, state resident agent and address below. If partnership or sole proprietor, state managing person and address below

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Bond Information: **Name of Bonding Company:** _____

Amount of Bond: _____

Bond Number: _____

Prepared By: _____

Job Title: _____

Signature: _____ **Date:** _____

PORT USE ONLY

Received By: _____ **Date Received:** _____

LNI Tracking Request ID: _____ **LNI Status Verified:** _____

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*Mark the areas of work interested in with any additional information on the right:
(please be as specific as possible)*

	Notes:
<input type="checkbox"/> Abatement	<hr/>
<input type="checkbox"/> Commercial Construction	<hr/>
<input type="checkbox"/> Concrete	<hr/>
<input type="checkbox"/> Culverts	<hr/>
<input type="checkbox"/> Curb/Sidewalk	<hr/>
<input type="checkbox"/> Demolition	<hr/>
<input type="checkbox"/> Ditching	<hr/>
<input type="checkbox"/> Electrical	<hr/>
<input type="checkbox"/> Environmental Services	<hr/>
<input type="checkbox"/> Excavation	<hr/>
<input type="checkbox"/> Fencing	<hr/>
<input type="checkbox"/> Flooring Supply/Installation	<hr/>
<input type="checkbox"/> General Construction	<hr/>
<input type="checkbox"/> Grading	<hr/>
<input type="checkbox"/> Gutters	<hr/>
<input type="checkbox"/> HVAC	<hr/>
<input type="checkbox"/> Hydroseeding	<hr/>
<input type="checkbox"/> Landscaping/Irrigation	<hr/>
<input type="checkbox"/> Metal Buildings Construction/Repair	<hr/>
<input type="checkbox"/> Overhead Doors	<hr/>
<input type="checkbox"/> Painting/Coatings	<hr/>
<input type="checkbox"/> Paving/Asphalt	<hr/>
<input type="checkbox"/> Plumbing	<hr/>
<input type="checkbox"/> Railroad Construction/Repair	<hr/>
<input type="checkbox"/> Road Construction/Repair	<hr/>
<input type="checkbox"/> Roofing	<hr/>
<input type="checkbox"/> Sewer/Water Systems	<hr/>
<input type="checkbox"/> Sheet Metal	<hr/>
<input type="checkbox"/> Sheetrock/Drywall	<hr/>
<input type="checkbox"/> Striping/Sealing/Signage	<hr/>
<input type="checkbox"/> Telecommunications	<hr/>
<input type="checkbox"/> Testing/Inspections	<hr/>
<input type="checkbox"/> Trucking/Hauling	<hr/>
<input type="checkbox"/> Underground Utilities	<hr/>
<input type="checkbox"/> Vegetation Management	<hr/>
<input type="checkbox"/> Other	<hr/>
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