

112 North Main Street Montesano, Washington 98563 www.montesano.us

TEL (360) 249-3021 FAX (360) 249-3690

SMALL WORKS ROSTER APPLICATION

Date of Application:			
Company Name:			,
Mailing Address:		,	
Physical Address:			
Contact Person:			2
Telephone:			
Fax:		-	
Email Address:			
Types of Services	,*		
Performed:			
		;	
WA State Contractor			
Registration #:			
UBI:			
Federal Tax ID:			
L&I Account #:			

Proof of insurance must be attached to this application. Failure to complete this

form will disqualify applicant from the Roster.