

THE PORT DISTRICT OF SOUTH WHIDBEY ISLAND  
PO BOX 872, FREELAND WASHINGTON 98249  
PHONE: 360-331-5494  
FAX: 360-331-5414

To be placed on the Port of South Whidbey Small Works Roster of Consultants or Contractors, the following application must be completed as appropriate. Incomplete applications will not be accepted.

Date of Registration/Application: \_\_\_\_\_

1. Name of Applicant/Registrant: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_  
Type of Company:       \_\_\_ Consultant       \_\_\_ Contractor

3. Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Check appropriate: \_\_\_\_\_ Incorp. \_\_\_\_\_ Prtnrshp \_\_\_\_\_ Sole Prop  
Provide Name(s) and contact information of Parties authorized or required to execute/sign contracts on behalf of the business entity, e.g. Corporate Officers, Managing Partners/members, etc.:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
          Street & POB                   City                   State                   Zip                   Phone

5. Federal Tax ID No.: \_\_\_\_\_ State UBI & or Acct No.: \_\_\_\_\_

State Contractors License/Registration No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

6. *Insurance Information:*  
Property & Liability Insurance Company: \_\_\_\_\_  
Policy No. \_\_\_\_\_

Insurance Amounts by category: \_\_\_\_\_

7. *Contractor Information*  
Licensed as (Check appropriate): \_\_\_ General Contractor \_\_\_ Specialized Contractor

**Describe specialty:** \_\_\_\_\_

Bid and/or Performance Bonding Capacity: \_\_\_\_\_

8. *Consultant Information*

**Expertise / Specialty:** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

By (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_