

THE PORT DISTRICT OF SOUTH WHIDBEY ISLAND  
PO BOX 872  
FREELAND WASHINGTON 98249  
PHONE: 360-331-5494  
FAX: 360-331-7525

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

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

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

2. Name of Company: \_\_\_\_\_

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 Act No.: \_\_\_\_\_

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

6. Contractor Property & Liability Insurance Information:

Name of Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

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

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

Licensed as (Check appropriate): General Contractor. \_\_\_\_\_

Specialized Contractor: \_\_\_\_\_

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

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

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