

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: _____ Corporation _____ Partnership _____ Sole Proprietor
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 & P.O. Box 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: _____