

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 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: _____