



Snoqualmie Valley School District 410

8001 Silva Ave SE/PO BOX 400

Snoqualmie, WA 98065

Phone: (425)831-8011

Fax: (425) 831-8040

Contractor:

Enclosed is the application you requested in order that you may be added to our Small Works Roster. This roster is being established as a list of qualified contractors interested in submitting proposals on projects estimated to cost less than three hundred thousand dollars (\$300,000).

When it becomes necessary for the District to call for quotes on projects of this size, you may be contacted to submit a quote on those projects for which your company is qualified to perform.

This request will become effective upon receipt of the completed application and verification that you meet the qualifications outlined in the District's Small Works Roster Notice, at which time you will be given the opportunity to be retained on the Small Works Roster. The application is required to be submitted each calendar year.

We are looking forward to receiving your application and possibly working with you during the coming year.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan T. Stokes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ryan T. Stokes

Asst. Superintendent of Business & Operations

Enclosure



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REQUEST TO BE ADDED TO SMALL WORKS ROSTER

In compliance with RCW 39.04.155 and RCW 28A.335. 190, the undersigned requests to be added to the Small Works Roster of the Snoqualmie Valley School District No. 410, and wishes to have the opportunity to submit proposals for the type of work and size of projects as shown below.

NAME OF FIRM: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

REMIT ADDRESS: _____

CITY/STATE/ZIP: _____

PERSON AUTHORIZED TO PROVIDE QUOTATIONS AND/OR SUBMIT PROPOSALS

NAME: _____

TITLE: _____

PHONE: _____

FAX: _____

EMAIL: _____

WA STATE CONTRACTORS NUMBER: _____

INSURANCE CARRIER

NAME: _____

ADDRESS: _____

POLICY NO: _____

EXPIRATION DATE: _____

LIABILITY LIMITS

PERSONAL: _____

PROPERTY: _____

For what type of work do you wish to submit proposals? (If more than one please indicate).

TYPE OF WORK

GENERAL CONTRACTING

PAVING

ROOFING

HEATING GENERAL

FENCING

MASONRY

HEATING BOILERS

PLUMBING

CARPETING

CABINET WORK

PAINTING

ELECTRICAL

BUILDING MOVING

INTERCOM INSTALLATION/REPAIR

OTHER (Indicate type of work)

LANDSCAPING

LAND CLEARING & EXCAVATION

Areas of particular specialization – Comments or explanations: _____

REFERENCES

List the names and addresses of at least three (3) governmental agencies, (3) K-12 school districts, and other clients for whom you have performed work in the last two (2) years:

GOVERNMENT AGENCIES:

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

K-12 SCHOOL DISTRICTS:

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____

OTHER REFERENCES:

FIRM NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

FIRM NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

DATE FIRM ESTABLISHED: _____

NUMBER OF EMPLOYEES REGULARLY EMPLOYED: _____

All work performed for the Snoqualmie Valley School District must be executed in compliance with:

1. Public works contracts and small works projects will be required to follow governing state prevailing wage regulations contained in RCW 39.12. For rates see:
<http://www.lni.wa.gov/TradesLicensing/PrevWage/WageRates/>
2. All federal, state, and local laws regarding non-discrimination.

By signing this application, I certify compliance with the above requirements. Additionally, if awarded a small works job, I agree to provide a certificate of insurance and acknowledge that the District has the right to retain up to 5% of the payment pending appropriate agency releases. Further, I understand that the District is under no obligation to actually award work based on this application, and that the District has the right to remove this application from the small works roster at any time.

DATED: _____ FIRM NAME: _____

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____

RETURN THIS APPLICATION TO:

SNOQUALMIE VALLEY SCHOOL DISTRICT #410

Attn: Amanda Heikkila

PO BOX 400

Snoqualmie, WA 98065

FAX: (425) 831-8040

Email: heikkilaa@svsd410.org