

**STEVENS PUBLIC UTILITY DISTRICT**

P O Box 592  
Loon Lake WA 99148-0592  
support@stevenspubd.org  
**Office:** 509-233-2534  
or 684-7621  
**Fax:** 509-233-2809  
**TTY Service:** 1-800-833-6384



**P.U.D. COMMISSIONERS:**

Wade A. Carpenter  
Howie D. Kubik  
Dwight Morgan

**GENERAL MANAGER:**

Darrel W. Hawes

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

**APPLICATION FOR SMALL WORKS ROSTER**

Company Name:	
Owner Name:	
Site Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Phone No.:	Cell No.: _____
Fax No.:	Email Address: _____
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership
Minority/Women-Owned Business Status (if applicable)	
Certification No.:	
Unified Business Identifier (UBI):	
Contractor License No.:	
Federal Tax ID No.:	
DUNS No.:	
Cage Code :	

Insurance Co. Name:	
Agent's Name:	
Address:	
Phone No.	
<p><b>Note:</b> Contractor must be able to provide as a minimum, the following insurance policy: Automobile Liability of \$1,000,000 covering all owned, non-owned, hired, and leased vehicles; commercial general Liability of \$1,000,000 single limit and \$2,000,000 aggregate; and Professional Liability of \$1,000,000. Failure to provide proof is grounds for disqualification from the roster.</p> <p align="center"><b>SUBMIT A COPY OF YOUR BUSINESS' CERTIFICATE OF LIABILITY INSURANCE.</b></p>	
Bonding Co. Name:	
Contact Name:	
Address:	
Phone No.:	
Bonding Capacity Amount:	\$
<p>As provided in Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987, the contractor, with regard to work performed by it during the contract, shall not discriminate on the grounds of race, color, sex, or national origin in the selection and retention of subcontractors, including procurement of materials and leases of equipment.</p>	

Check boxes that describe the types of work your firm qualifies to perform:

- General Contractor
- Concrete Work
- Heating/AC
- Painting
- Roofing
- Sewer Systems
- Water Systems
- Building
- Electrical
- Masonry
- Cleaning/Grubbing
- Plumbing
- Pump Work & Pump Controls
- SCADA
- Water Tank/Cleaning/Repair

Optional: Comments regarding your firm's ability to satisfactorily perform a contract:

List 5 References – Names and Phone Numbers:
1.
2.
3.
4.
5.

By my signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

\_\_\_\_\_  
Typed Name & Title of Preparer

\_\_\_\_\_  
Signature

Date Submitted: \_\_\_\_\_