

PUBLIC HOSPITAL DISTRICT NO. 1-A
OF WHITMAN COUNTY, WASHINGTON
dba PULLMAN REGIONAL HOSPITAL
835 SE Bishop Boulevard, Pullman, WA 99163
Attention: Pat Wuestney, Facilities
Phone: 509-336-7797 Fax: 509-336-7471

Small Works Roster Application

Company _____

Mailing Address _____

Street Address (if different) _____

_____ Zip _____

Telephone No. (_____) _____ Fax No. (_____) _____

E-mail Address _____

Banking Reference (Name of Bank) _____

Address _____ Zip _____

Type of Ownership { } Corporation { } Single Proprietorship { } Partnership

- Minority and Women-Owned Businesses { } MBE { } WBE
- Federal Tax Identification # _____
- Contractors' License # _____
- Washington State Tax # _____
- Name of Contractor's Bonding Company _____
Amount of Bond _____
Bond No. _____
Licensed as { } General Contractor { } Specialty Contractor

• Check boxes that describe the types of work your firm is qualified to perform:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Building |
| <input type="checkbox"/> Concrete Placement Finishing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Road Grading | <input type="checkbox"/> Cleaning/Grubbing |
| <input type="checkbox"/> Landscaping/Nursery Services | <input type="checkbox"/> Parks and Equipment |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Storm Drainage | <input type="checkbox"/> Sewer Systems |
| <input type="checkbox"/> Street Repair and Construction | <input type="checkbox"/> Illumination |
| <input type="checkbox"/> Water Systems | <input type="checkbox"/> Other _____ |

Describe experience and qualifications:

List 5 references:

Firm

Phone Number

Other information regarding your firm's ability to satisfactorily perform a contract with Public Hospital District No. 1-A of Whitman County, Washington:

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

Name and Title (typed or printed)

Signature

Date