

**NINE MILE FALLS SCHOOL DISTRICT 325-179  
SMALL WORKS ROSTER QUESTIONNAIRE**

Legal Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name and Title of Person(s) Authorized to Sign Quotation/Bid: \_\_\_\_\_

Business Phone: (     ) \_\_\_\_\_ Number of Employees: \_\_\_\_\_

License or Registration Number and Expiration Date: \_\_\_\_\_

Name of Your Insurance Company: \_\_\_\_\_

Liability: \$ \_\_\_\_\_ Performance Bond Provider: \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Have you previously worked for this District: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of work performed for other public agencies: \_\_\_\_\_

Category of work your company is prepared and equipped to perform: \_\_\_\_\_

**REFERENCES:**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Will you provide Performance/Payment Bond, Affidavit of Intent to Pay Prevailing Wages and Certificate(s) of Insurance for work as required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an Equal Opportunity and Affirmative Action Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

*Your application will remain on file with the District for five (5) years.*

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Please return questionnaire to:  
Nine Mile Falls School District 325/179  
10110 West Charles Road  
Nine Mile Falls, WA 99026