

SMALL WORKS CONTRACTOR'S ROSTER APPLICATION

Business name: _____

Business address: _____

Business owner's name: _____

Mailing address: _____

Phone: _____

Email: _____

Website: _____

Documents Required:

- Copy of Contractors State of WA license number and expiration date
- Statement of qualifications for the type and size of projects of interest to the Contractor.
- Copy of Contractor's Certificate of Liability Insurance with a minimum limit of \$1,000,000 per occurrence.
- W-9 Form with Federal Tax ID #

Please submit letters each year with attached copy of Insurance to:

Douglas County Sewer District No. 1
Darrell Winans, District Manager
692 Eastmont Avenue
East Wenatchee, WA. 98802

Or

Email to shaylynn@docosewer.org