

# **CITY OF TACOMA**

#### SMALL WORKS ROSTER APPLICATION FORM

City of Tacoma  $\zeta$  Purchasing, Payables, & HUB $\zeta$  3628 So. 35<sup>th</sup> St  $\zeta$  Tacoma, WA 98409  $\zeta$  Telephone: (253) 502 8468  $\zeta$  Fax: (253) 502-8255  $\zeta$  Email: SmallWorksRoster@cityoftacoma.org

Legal Business Name:		
Trade Name (DBA):		
Owner Name:		
Contact Person:		
Street Address:		
P.O. Box Number:		
City:	County:	State: Zip Code:
Telephone:		Mobile:
Fax:	E-Mail Address:	
Business Information		
Washington State Contractor's Licer	nse Number:	
Unified Business Identification (UBI)	Number:	
City of Tacoma Business License Nu	umber:	
Federal Tax Identification Number: _		
Is your firm City of Tacoma HUB Cer	rtified?	
Is your firm a Woman Owned Busine State Office of Minority and Women' If yes, provide certification number:	s Business Enterprises?	
Is your firm a Minority Owned Busine State Office of Minority and Women' If yes, provide certification number:	s Business Enterprises?	If so, is your firm currently certified by the Washingtor ☐Yes ☐No
Are you requesting a Performance B exceed \$1,000,000) ☐ Yes ☐ No		\$100,000 or less? (Annual Gross Receipts must not
Are you requesting Expedited Paym \$250,000) ☐ Yes ☐ No	ent on contracts \$100,000	O or less? (Annual Gross Receipts must not exceed
Contractor License Number(s):		Expiration Date:
		Expiration Date:
Contractor License Number(s):		Expiration Date:

When a license expires, you will not be eligible for Small Works projects. You are responsible for keeping your application materials up to date.



# **CITY OF TACOMA**

#### SMALL WORKS ROSTER APPLICATION FORM

City of Tacoma  $\zeta$  Purchasing, Payables, & HUB $\zeta$  3628 So. 35<sup>th</sup> St  $\zeta$  Tacoma, WA 98409  $\zeta$  Telephone: (253) 502 8468  $\zeta$  Fax: (253) 502-8255  $\zeta$  Email: SmallWorksRoster@cityoftacoma.org

### NAICS Codes (circle appropriate codes)

561790	Building exterior cleaning services (except sand blasting, window cleaning)	237120	Oil and Gas Pipeline and Related Structures Construction
238130	Carpentry, Framing Contractors	221119	Other Electric Power Generation
236220	Commercial and Institutional Building Construction	238190	Other Foundation, Structure, and Building Exterior Contractors
238310	Drywall and Insulation Contractors	238320	Painting and Wall Covering Contractors
221122	Electric Power Distribution	238220	Plumbing, Heating, and Air-Conditioning Contractors
238210	Electrical Contractors and Other Wiring Installation	238110	Poured Concrete Foundation and Structure Contractors
238990	Fence Installation/Rental	237130	Power and Communication Line and Related Structures Construction
238350	Finish Carpentry Contractors	562910	Remediation Services, Environmental
238330	Flooring Contractors	236118	Residential Remodelers
484110	General freight trucking, local	238160	Roofing Contractors
238150	Glass and Glazing Contractors	221320	Sewage Treatment Facilities
562112	Hazardous Waste Collection Services	238170	Siding Contractors
237310	Highway, Street, and Bridge Construction	238910	Site Preparation - Excavating, Earthmoving, Land Clearing, Wrecking/Demolition
221111	Hydroelectric Power Generation	238120	Structural Steel Contractors
236210	Industrial Building Construction	238340	Tile and Terrazzo Contractors
561730	Landscaping services (except planning)	221310	Water Supply and Irrigation Systems
113310	Logging	237110	Water and Sewer Line and Related Structures Construction
238140	Masonry Contractors		



### REFERENCES / PAST PUBLIC WORKS EXPERIENCE

SWR Applicant (your compa	ny name):					
Please submit this form for p	oublic works contracts completed within t	he previous 12-month period.				
Awarding Agency:						
Agency Contact Person/Title:	(Name of agency individual most knowledgeable of p					
	(Name of agency individual most knowledgeable of p	project)				
Telephone:	Email:					
Contract Award Amount: \$	Date of Award:	_ Finish Date:				
Work accomplished as (check one) ☐ Prime Contractor or ☐ Subcontractor:						
Describe work performed. Inclu	ude project name/number and location:					
Agency Contact Person/Title: (Name of agency individual most knowledgeable of project)						
Telephone:		. ,				
	Liliali					
Contract Award Amount: \$	Date of Award:	_ Finish Date:				
Work accomplished as (check one)    Prime Contractor or    Subcontractor:						
Describe work performed. Include project name/number and location:						

SWR References, Rev.: 08/18/2010