



## CITY OF TOLEDO

### Small Works Roster Application

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box/Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Banking Reference: \_\_\_\_\_  
Name of Bank

Address: \_\_\_\_\_  
PO Box/Street City State Zip

Phone Number: \_\_\_\_\_

Type of Ownership:

- Corporation   
  Sole Proprietorship   
  Partnership

Minority or Women Owned Business:

- Minority Business   
  Women Owned

Certificate Number: \_\_\_\_\_ Contractor Number: \_\_\_\_\_

WA State Tax ID Number: \_\_\_\_\_ TIN Number or Social Security #: \_\_\_\_\_  
(Only used for W-9 form for IRS)

Check the box(s) that best describe the type of contract work your firm qualifies to perform:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> General Construction | <input type="checkbox"/> Paving        |
| <input type="checkbox"/> Street Repair                | <input type="checkbox"/> Electrical           | <input type="checkbox"/> Plumbing      |
| <input type="checkbox"/> Roofing                      | <input type="checkbox"/> Heating              | <input type="checkbox"/> Painting      |
| <input type="checkbox"/> Masonry                      | <input type="checkbox"/> Storm Drainage       | <input type="checkbox"/> Sewer Systems |
| <input type="checkbox"/> Water Systems                | <input type="checkbox"/> Demolition           | <input type="checkbox"/> Surveying     |
| <input type="checkbox"/> other (please specify) _____ |   |  |
| _____   |   |  |
| _____   |   |  |

By signing 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 and all contracts which may result by submittal of this application.

\_\_\_\_\_  
 Name and Title (Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**For Official Use Only**

Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_