

Cowlitz 2 FIRE & RESCUE

701 Vine St * Kelso WA 98626 * 360.578.5218 (phone) * 360.578.5220 (fax) * www.c2fr.org

Small Works Roster Application

Name of Business _____

Owner/Contact Name _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

License or Registration Number _____

Dept of Revenue Tax ID Number _____

Federal Tax ID Number _____

**Must provide your Federal Tax ID Number in order for payment to be processed and mailed to you.*

Prevailing Wage Rates MUST be paid to each employee for all work completed for Cowlitz 2 Fire & Rescue and EACH invoice must have the appropriate prevailing wage paperwork attached in order to receive payment. (See RCW 39.12 for more information on prevailing wage.) Payment will NOT be released to any business/agency/person until ALL Prevailing Wage Requirements are met!

Type of Work Performed (Please Check ALL of the Boxes that Apply to the Work that YOUR Company Actually Performs & Not Work You Would Sub-Contract Out):

- | | | |
|---|---|--|
| <input type="checkbox"/> Appliance Repair/Maint | <input type="checkbox"/> Excavating | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Fencing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Cabinets & Counters | <input type="checkbox"/> Fire Alarm System – Install | <input type="checkbox"/> Sign/Reader Board – Install |
| <input type="checkbox"/> Carpeting/Flooring | <input type="checkbox"/> Fire Alarm System – Repair/Maint | <input type="checkbox"/> Sign/Reader Board – Repair |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Garage Door – Repair/Maint | <input type="checkbox"/> Sprinklers – Commercial |
| <input type="checkbox"/> Construction – General Repairs | <input type="checkbox"/> Glass – Install/Repair | <input type="checkbox"/> Sprinklers – Irrigation |
| <input type="checkbox"/> Construction – Major Repairs/Remodel | <input type="checkbox"/> HVAC System – Install | <input type="checkbox"/> Telephone System – Install |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> HVAC System – Repair/Maint | <input type="checkbox"/> Telephone System – Repair |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Well/Drill Pumping |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Yard Maint/Landscaping |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Painting | <input type="checkbox"/> Other _____ |

Feel free to attach a resume or additional information as you see fit.

Representative Signature _____ Date _____

**Please return to the address at the top of the page or fax to 360.578.5220
Attn: Brandi Ballinger or email to brandi.ballinger@c2fr.org.**