



SPOKANE VALLEY FIRE DEPARTMENT

Est. 1940

Bryan Collins, Fire Chief
2120 N. Wilbur Rd.
Spokane Valley, WA 99206
Phone (509) 928-1700
FAX (509) 892-4125
www.spokanevalleyfire.com

GENERAL SMALL WORKS ROSTER ENROLLMENT APPLICATION

This application is valid for two years at which time they are purged and you must reapply. Please mail application with Certificate of Insurance to the above address.

Date: _____

Name of Business: _____

Business Address: _____

Washington State License Number: _____

UBI Number: _____

State Industrial Account Number: _____

Contact: _____

Phone: _____ Cell Phone: _____

Email: _____

Name of Owner: _____

How long has the firm been in present business (in years): _____

If less than five years, name of predecessor business (if any): _____

Insurance Requirements:

Does the contract maintain:

General liability insurance of at least \$1,000,000 per occurrence;
\$1,500,000 aggregate, Combined Single Limit (CSL); and
Automobile liability of at least \$1,000,000 per accident CSL?

Yes

No

If no, describe any difference to the specified coverage amounts: _____

Are there any current claims that are pending the insurance policy? Yes No

If yes, please describe: _____

Certificate of Insurance is attached: Yes No



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Contractor Financial History:

During the past five years, has the contractor been involved in any:

Construction bond forfeiture

Yes

No

Construction litigation

Yes

No

Claims exceeding 10% of the contract price?

Yes

No

If yes, attach a description and reasons for forfeiture, litigation or claims.

Contractor History:

Provide dates for the periods within the past ten years that the contractor:

Has not been an active contractor: _____

Has not been a licensed contractor: _____

Has been in bankruptcy, reorganization, or receivership: _____

Disqualified by any public agency from participation in public contracts: Yes

No

If yes, identify the public agency, date and cause: _____

Contractor Experience:

Please identify two satisfactorily completed jobs of more than \$10,000. If you do not have government experience, please specify private jobs.

#1 Name of Project: _____

Name of Owner's Representative & Phone: _____

Prime Contractor: _____

Dollar Amount of Contractor's Portion of the Work: _____

Nature of Work Performed: _____

#2 Name of Project: _____

Name of Owner's Representative & Phone: _____

Prime Contractor: _____

Dollar Amount of Contractor's Portion of the Work: _____

Nature of Work Performed: _____

I swear under penalty of perjury that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest which are prohibited by law:

Authorized Signature

Date



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Please mark categories that apply, provide comments if desired:

	Category	Comments
<input type="checkbox"/>	Asbestos Abatement	
<input type="checkbox"/>	Asphalt Sealing	
<input type="checkbox"/>	Brick Mason	
<input type="checkbox"/>	Cabinet Makers	
<input type="checkbox"/>	Carpenters	
<input type="checkbox"/>	Carpet & Tile Setters	
<input type="checkbox"/>	Cement Mason	
<input type="checkbox"/>	Drywall	
<input type="checkbox"/>	Electricians	
<input type="checkbox"/>	Excavation	
<input type="checkbox"/>	Fence Erectors	
<input type="checkbox"/>	General Contractor	
<input type="checkbox"/>	Heating and Air Conditioning	
<input type="checkbox"/>	Insulation Applicators	
<input type="checkbox"/>	Ironworks	
<input type="checkbox"/>	Landscape Construction	
<input type="checkbox"/>	Painters	
<input type="checkbox"/>	Plasterers	
<input type="checkbox"/>	Plumbers	
<input type="checkbox"/>	Roofers	
<input type="checkbox"/>	Sheet Metal Workers	
<input type="checkbox"/>	Telecommunication	
<input type="checkbox"/>	Windows and Doors	

Other, please list areas of work or services;
