## CITY OF SUMAS SMALL WORKS ROSTER

NAME OF COMPANY:	
CONTACT PERSON:	
•	PLEASE PRINT
ADDRESS:	
TELEPHONE NUMBER:	
WASHINGTON STATE CONTRACTOR License	
AREAS OF WORK YOU ARE QUALIFIFED TO	DO AND ABOUT WHICH YOU WOULD LIKE TO BE CONTACTED: 4
2.	5
3.	6
ONLY TRIGITIONS, ATTACK A DESCRICT OF LE	
QUALIFICATIONS: ATTACH A RESUME OR LI	IST EXPERIENCE BELOW
PEASE ADD MY NAME TO THE CITY OF SUM	
I WILL RENEW MY SMALL WORKS ROSTER A	APPLICATION YEARLY DURING THE MONTH OF MAY.
SIGNATURE	DATE
STATE OF WASHINGTON COUNTY OF	
SIGNED OR ATTESTED BEFORE ME ON	RV
DIGITED OK AT LEGIED DELOKE HIE ON	
	SIGNATURE OF NOTARY PUBLIC
(SEAL OR STAMP)	
	TITLE
	MY APPOINTMENT EXPIRES