

City of Oroville

Clerk's Office, 1308 Ironwood, PO Box 2200, Oroville, Washington, 98844, (509) 476-2926, Fax (509) 476-9067

OFFICERS:

Jon R. Neal, Mayor
JoAnn L. Denney, Clerk-Treasurer
Steve Thompson, City Superintendent
Christian Johnson, Building Inspector – Permit Administrator
Todd Hill, Police Chief

COUNCIL MEMBERS:

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Walter A. Hart
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SMALL WORKS ROSTER APPLICATION

Thank you for the interest expressed by your firm to be included on the City of Oroville Small Works Roster. To determine qualification of firms to provide services to the City, please complete information on this form and return to the City of Oroville, P.O. Box 2200, 1308 Ironwood, Oroville, WA 98844. Incomplete applications will not be processed. Information provided will be kept in confidence unless a matter of public record.

The City of Oroville is an equal opportunity employer.

PRE-QUALIFICATION REQUIREMENTS

Firms on Small Works Roster must be able to show proof of ability to provide (items 3, 4, 5 & 6 must accompany application):

- 1. Insurance, naming City as additional insured prior to performance of any contract;*
- 2. A Performance Bond prior to performance of any contract;*
- 3. List of references of similar projects performed by contractor in the past two (2) years;*
- 4. Proof of appropriate Contractor License;*
- 5. Proof of possession of, or acquire, appropriate City of Oroville Business Registration prior to performance of any contract; and*
- 6. Statement that contractor has no previous record of default in the performance of, or failed to complete, a written public contract, or has not been convicted of a crime arising from a previous public contract.*

**CITY OF OROVILLE
SMALL WORKS ROSTER APPLICATION**

Company Name: _____

Phone #: (____) _____ Application Date: _____

Mailing Address: _____

Banking Reference: Name of Bank: _____

Address: _____

Phone #: (____) _____

Type of Ownership: _____ Corporation _____ Sole Proprietorship

Minority & Women Owned Business: _____ MBE _____ WBE

Contractor License #: _____

Federal Tax ID #: _____

Washington State Tax #: _____

Check box that best describes the type of contract your firm qualifies to perform:

_____ Concrete Placement/Finishing	_____ Plumbing
_____ Electrical	_____ Roofing
_____ General Construction	_____ Storm Drainage
_____ Heating	_____ Sewerage System
_____ Masonry	_____ Street Repair
_____ Painting	_____ Traffic Signalization
_____ Paving	_____ Water Systems
_____ Other (specify) _____	

By signature below, I acknowledge that I have read and understand the requirements described in this application, and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Name & Title of Preparer (print)

Signature & Date