RIVERCOM 911

140 S. Mission Street, Wenatchee, WA 98801 Phone: 509-662-4650 Fax: 509-662-4659 www.rivercom911.info

SMALL WORKS CONTRACTOR INFORMATION FORM

Instructions to Contractors:

Please complete the Small Works Contractor Information Form and a W-9 Request for Taxpayer Identification Number Form and mail to RiverCom at the above address. Contractors may be added to the Small Works Roster at any time. Contractor information will be retained for a period of three (3) years. Contractors should update their information as necessary.

Name of Business		
Name of Owner		
Washington State Contractor Li	icense Number	
UBI Number		
Taxpayer Identification Number	r	
Physical Address		
City	State	Zip
Phone	Fax	
Mailing Address		
City	State	Zip
Web Address		
Contact Name	Title	
Contact Phone	Contact Email	
	e included on our "Emergency Respor	
Do you understand and agree to co	omply with all prevailing wage require	ements? Yes No
between your company and RiverC If Yes, please explain:	you aware of any personal and/or or com 911?	Yes No
Is your company bonded and insure	ed?	Yes No

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The following list identifies your company specialties. Mark any and all services you perform.

CATEGORY	DESCRIPTION
Concrete and Masonry	
Demolition	
Earthwork	
Excavation and Trucking	
Drilling	
Electrical	
Communications	
Computer Systems and Service	
Telephone Systems and Repair	
Telephone Wiring and Installation	
Radio Communications	
Generator Inspection and Maintenance	
Generator Installation and Repair	
General Contracting	
Inspection and Testing	
Plumbing	
Facility Construction, Repair, and Maintenance	
Carpentry	
Carpet Cleaning	
Console Cleaning	
Window Cleaning	
HVAC	
Janitorial and Building Maintenance	
Painting	
Pest Control	
Roofing	
Floor and Wall Coverings	
Security Systems	
Water Damage and Restoration	
Welding	

Roadway Construction, Repair, and Maintenance	
Pavement Installation and Repair	
Rockeries	
Snow Removal	
Site Improvement and Repair	
Fencing and Gates	
Landscape Maintenance	
Drainage	
Vegetation Work	
Vegetation Spraying	
Tree Trimming and Removal	
Weed Abatement	
Water Facility Construction and Repair	
Other (please specify):	
the named company's ability to perform any coapplication. I understand that it is my responsi	ically distributed by these means. Furthermore, to have a current Business License and that I
Please Print Name of Authorized Company Signatory	
Title	
Authorized Company Signature	