PORT OF LEWISTON 1626 6<sup>th</sup> Avenue North Lewiston, ID 83501 (208) 743-5531 portinfo@portoflewiston.com

## **APPLICATION FOR SMALL WORKS ROSTER**

If you wish to be placed on the Small Works Roster of the Port of Lewiston, the following application must by completed and returned. Incomplete applications will not be accepted.

Further questions concerning this application may be directed to David Doeringsfeld, Port Manager, at 208-743-5531.

Roster Effective Dates:	January 1, 2018 through Dec	cember 31, 2020.	
Name of Company			
Contact Name			
Business Address			
City	State	Zip	
Phone ( )	Alt Phone ( )	Fax ( )	
Email Address (to receiv	e notices)		
Type of Business:			
Incorporated	Partnership	Sole Proprietorsl	nip
If incorporated, state resimanaging person and add		partnership or sole proprietorship	, state
Name			
Address			
City	State	Zip	
Phone ( )	Alt Phone ( )	Fax ( )	
Email Address			

Minority Contractor	Yes	No
Federal Tax Identification Num	mber:	
State Licensing Information:		
State of Idaho Contrac	tor's Registration No	٠
Contractor's Bond Information	<u>n:</u>	
Name of Bonding Con	npany	
Amount of Bond		Bond No
Licensed as:		
General Contractor	• (Please list type of work yo	ou are interested in bidding)
Specialty Contractor	· (Please check specialty/spe	ecialties below)
Carpentry/Framing	Glazing/Glass	Roofing
Carpet Laying	Gutters/Downspo	utsSanitation Systems
Concrete	HVAC	Siding/not wood
Electrical	Landscaping	Signs, Non-electrical
Excavating/Grading	Painting/wall cov	erSteel Building
Fencing	Paving/Striping	Telecom/Cabl
Fire Protection System	Plumbing	
Other (Specify)		
Date		
		(Signature)
		(Please print name)
		(Title)