

PORT OF LEWISTON  
1626 6<sup>th</sup> Avenue North  
Lewiston, ID 83501  
(208) 743-5531  
[portinfo@portoflewiston.com](mailto: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 be completed and returned. Incomplete applications will not be accepted.

You are notified that the Port of Lewiston complies with the prevailing wage law of the State of Idaho and requires all contractors to comply.

Further questions concerning this application may be directed to Scott Corbitt, Port General Manager, at 208-743-5531.

Roster Effective Dates: January 1, 2024 through December 31, 2026.

Name of Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Alt Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email Address (to receive notices) \_\_\_\_\_

#### **Type of Business:**

\_\_\_\_\_ Incorporated      \_\_\_\_\_ Partnership      \_\_\_\_\_ Sole Proprietorship

If incorporated, state resident agent and address. If partnership or sole proprietorship, state managing person and address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Alt Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Minority Contractor \_\_\_\_\_ Yes \_\_\_\_\_ No

http://class.mysite.com

Federal Tax Identification Number: \_\_\_\_\_

State Licensing Information:

State of Idaho Contractor's Registration No. \_\_\_\_\_

Contractor's Bond Information:

Name of Bonding Company \_\_\_\_\_

Amount of Bond \_\_\_\_\_ Bond No. \_\_\_\_\_

Licensed as:

\_\_\_\_\_ **General Contractor** *(Please list type of work you are interested in bidding)*

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\_\_\_\_\_ **Specialty Contractor** *(Please check specialty/specialties below)*

_____ Carpentry/Framing	_____ Glazing/Glass	_____ Roofing
_____ Carpet Laying	_____ Gutters/Downspouts	_____ Sanitation Systems
_____ Concrete	_____ HVAC	_____ Siding/not wood
_____ Electrical	_____ Landscaping	_____ Signs, Non-electrical
_____ Excavating/Grading	_____ Painting/wall cover	_____ Steel Building
_____ Fencing	_____ Paving/Striping	_____ Telecom/Cable
_____ Fire Protection System	_____ Plumbing	

Other (Specify) \_\_\_\_\_

Date \_\_\_\_\_

Prepared by:

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Please print name)*

\_\_\_\_\_  
*(Title)*