PORT OF LEWISTON
1626 6th 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.

You are notified that the Port of Lewiston complies with all Idaho statues including but not limited to procurement statutes and Idaho Public Works Contractor License requirements.

Further questions concerning this application may be directed to Scott Corbitt, Executive Director, 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 _____

Federal Tax Identification Number: _____

State Licensing Information:

State of Idaho Contractor's Registration No. _____

Public Works Contractor License: _____Yes _____No

Class approved: _____

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)*

_____

_____

_____ **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)