City of Oroville

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

OFFICERS:
C.F. "Chuck" Spieth, Mayor
JoAnn L. Denney, Clerk-Treasurer
Rodney L. Noel, City Superintendent
Chris Branch, Planning & Community Dev. Director
Christian Johnson, Building Inspector – Permit Administrator
Todd Hill, Police Chief

COUNCIMEMBERS:
David "Mac" McElheran
Jon R. Neal
Tony Koepke
Walter A. Hart
Neysa Roley

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 #:*_____

*City of Oroville Business Registration #:*_____

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*