

# ARCHITECTURAL AND ENGINEERING SERVICES APPLICATION



## APPLICATION INFORMATION

|  |         |   |   |
|--|---------|---|---|
| PRACTICING WASHINGTON STATE LICENSE #              |         | OWNER'S FULL NAME   |   |
| NAME OF FIRM                                       |         | BUSINESS PHONE  | FAX #   |
| ADDRESS  |         | CITY  | STATE<br>ZIP CODE   |
| AUTHORIZED AGENT                                   |         |   | TITLE   |
| INSURANCE CARRIER                                  |         |   |   |
| ADDRESS  |         | CITY  | STATE<br>ZIP CODE   |
| POLICY NUMBER                                      | EXPIRES | ERROR/OMISSION INSURANCE OF<br>\$1,000,000 OR MORE <input type="checkbox"/> YES <input type="checkbox"/> NO | POLICY LIMIT \$<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| MINORITY OR WOMEN OWNED BUSINESS<br>CERTIFICATE #: |         | FEDERAL TAX PAYER ID NO.  |   |

## REFERENCES

|  |  |                |                |
|--|--|----------------|----------------|
| BANKING REFERENCE - NAME OF BANK   |  | CONTACT PERSON |                |
| ADDRESS  |  | CITY           | STATE<br>PHONE |
| PLEASE PROVIDE THE NAMES AND ADDRESSES OF AT LEAST TWO (2) CLIENTS FOR WHOM YOU HAVE PERFORMED CONTRACT WORK DURING THE PAST YEAR (MUNICIPAL REFERENCES PREFERRED) |  |                |                |
| CLIENT   |  |                | CONTACT PERSON |
| ADDRESS  |  | CITY           | STATE<br>PHONE |
| CLIENT   |  |                | CONTACT PERSON |
| ADDRESS  |  | CITY           | STATE<br>PHONE |

DO YOU AGREE TO COMPLY WITH ALL EQUAL OPPORTUNITY EMPLOYMENT LAWS AND ALL OTHER LOCAL APPLICABLE STATE AND FEDERAL LAWS PERTAINING TO THE PERFORMANCE OF GOVERNMENT CONTRACTS?

YES       NO

PROJECT SIZE FOR WHICH YOU WISH TO BE CONSIDERED:

\$0-\$7,500       \$7,500-\$15,000       \$15,000-\$30,000       \$30,000+

## STATEMENT OF CERTIFICATION

I THE UNDERSIGNED, DULY SERVING AS AUTHORIZED AGENT FOR THE FIRM FIRST INDICATED HEREIN, DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THERE HAS BEEN NO WILLFUL INTENT TO MISREPRESENT ANY FACT OR CIRCUMSTANCE REGARDING THE STATUS OF SAID FIRM OR ITS ABILITY TO PERFORM THE WORK INDICATED HEREIN.

|              |       |
|--------------|-------|
| SIGNATURE    | DATE  |
| PRINTED NAME | TITLE |

PLEASE RETURN COMPLETED FORM TO: