

CONTRACTOR / DESIGN-BUILDER / VENDOR

PROJECT ROSTER

APPLICANT PROFILE

Business Name / Street Address

Business Name _____
Address _____
City and State _____
Zip Code _____

Mailing Address (if different from above)

Address _____
City and State _____
Zip Code _____

Contact Information

Contact Person's Name _____
Contact Person's Title _____
Phone (with area code) _____
Fax _____
Email _____

Business Classification / Other Information

Type of Business _____
WA State Business License Number (UBI) _____
Federal Tax Id Number _____
Seattle Business License Number _____
Years / Months in Present Business Years _____ Months _____
Name of Owners _____
Briefly describe the nature of the work performed by your business

The following information is optional and is for record keeping purposes only.

Washington State WMBE Status (check one if applicable)
 Women's Business Enterprise Minority Business Enterprise
 Minority and Women's Business Enterprise Combination Business Enterprise
Certification Number _____
Ethnicity _____ Gender _____

Washington State Disadvantage Business Status
Certification Number _____
Ethnicity _____
Gender _____