



SNOQUALMIE VALLEY Watershed Improvement District

2025 PROFESSIONAL SERVICES LIST APPLICATION

APPLICANT INFORMATION

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| PRACTICING WA STATE LICENSE #: | | OWNERS FULL NAME: | |
| NAME OF FIRM: | | BUSINESS PHONE: | |
| ADDRESS: | | CITY, STATE, ZIP: | |
| EMAIL: | | PHONE: | |
| INSURANCE CARRIER: | | | |
| ADDRESS: | | CITY, STATE, ZIP: | |
| POLICY NUMBER: | EXPIRATION DATE: | ERROR/OMISSION INSURANCE OF \$1,000,000 OR MORE: YES <input type="checkbox"/> NO <input type="checkbox"/> | POLICY LIMIT: |
| MINORITY OR WOMEN OWNED BUSINESS CERTIFICATE #: | | FEDERAL TAXPAYER ID #: | |

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 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: |