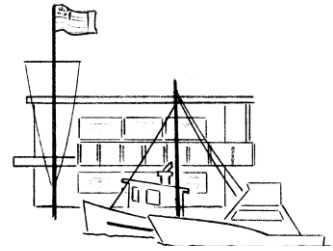


Direct All Information To:

PORT OF ILWACO

**P.O. Box 307, Ilwaco, WA 98624
(360) 642-3143 Fax: (360) 642-3148**

admin@portofilwaco.org



CONSULTANT ROSTER APPLICATION

COMPANY NAME _____ PHONE # () _____

STREET ADDRESS _____

MAILING ADDRESS _____

CONTACT NAME _____ PHONE # () _____

EMAIL ADDRESS _____ WEBSITE _____

Washington UBI Number: _____ Federal Tax ID Number: _____

Current Commercial General Liability Ins Co: _____

Current Professional Liability Ins Co: _____

Check the boxes that best describe the type of services your firm qualifies to perform:

- | | |
|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Design & Planning |
| <input type="checkbox"/> Communication & Media Services | <input type="checkbox"/> Engineering Services |
| <input type="checkbox"/> Environmental Consulting | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Information Technology (IT) Services | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Personnel Services |
| <input type="checkbox"/> Real Estate & Property Services | <input type="checkbox"/> Surveying & Mapping |
| <input type="checkbox"/> Miscellaneous/Other (specify) _____ | |

You are notified that the Port of Ilwaco complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires that all contracts subject to the statute comply.

Please provide the following and submit to the email or address above:

1. Completed Combined Consultant Roster Application
2. Letter of Introduction, Resume or Statement of Qualifications
3. Complete IRS Form W-9
4. Proof of professional license numbers or industry certifications of staff, if applicable

By my signature below, I acknowledge that I have read and understand the requirements described in this application. To the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Signature: _____ Name: _____

Title: _____ Date: _____