# Port of Centralia

## 2026 Small Works Roster Application

3508 Galvin Road, Centralia, WA 98531
Phone: (360) 736-3527 Fax: (360) 330-5666 info@portofcentralia.com

**Application effective January 1, 2026 through December 31, 2026**

*If you wish for your company to be placed on the Port of Centralia's Small Works Roster, the following application must be completed in all particulars. Incomplete applications will not be accepted.* ***You are hereby notified that the Port of Centralia complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires all contractors to comply.***

Attach **W-9** & UBI Forms to application in order to be placed on the Port of Centralia Small Works Roster.

**Company Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Telephone Number:** _____ **Fax Number:** _____

**Contact Name:** _____ **Job Title:** _____

**Email Address:** _____

*All contractors on the Small Works Roster must agtee and be able to receive notifications and other communications via email.*

**Federal Tax ID Number:** _____ **UBI Number:** _____

**State Licensing Information:** *As defined in the Washington State RCWs listed below:*

_____ Small business (RCW 39.04.010) ____ Women-owned (RCW 39.19.030(7))

_____ Minority-owned (RCW 39.19.030(7)) ____ Veteran-owned (RCW 43.60A.010)

**State of Washington Contractor Registration Number:** _____

**Licensed As:**

_____ General Contractor

_____ Specialty Contractor (Please state specialty below:)

_____

_____

**Type of Business:**

_____ Incorporated

_____ Partnership

_____ Sole Proprietor

*If incorporated, state resident agent and address below. If partnership or sole proprietor, state managing person and address below*

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Bond Information:**

**Name of Bonding Company:** _____

**Amount of Bond:** _____

**Bond Number:** _____

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**Prepared By:** _____

**Job Title:** _____

**Signature:** _____ **Date:** _____

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**PORT USE ONLY**

**Received By:** _____ **Date Received:** _____

**LNI Tracking Request ID:** _____ **LNI Status Verified:** _____

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*Mark the areas of work interested in with any additional information on the right:*
*(please be as specific as possible)*

**Notes:**

_____ Abatement
_____ Commercial Construction
_____ Concrete
_____ Culverts
_____ Curb/Sidewalk
_____ Demolition
_____ Ditching
_____ Electrical
_____ Environmental Services
_____ Excavation
_____ Fencing
_____ Flooring Supply/Installation
_____ General Construction
_____ Grading
_____ Gutters
_____ HVAC
_____ Hydroseeding
_____ Landscaping/Irrigation
_____ Metal Buildings Construction/Repair
_____ Overhead Doors
_____ Painting/Coatings
_____ Paving/Asphalt
_____ Plumbing
_____ Power Washing
_____ Railroad Construction/Repair
_____ Road Construction/Repair
_____ Roofing
_____ Sewer/Water Systems
_____ Sheet Metal
_____ Sheetrock/Drywall
_____ Striping/Sealing/Signage
_____ Telecommunications
_____ Testing/Inspections
_____ Trucking/Hauling
_____ Underground Utilities
_____ Vegetation Management
_____ Other