Small Works Roster Application

Date

Name of Contractor or Vendor

Phone Number

Address

Fax Number

E-mail Address

Federal Tax ID or Social Security No.

Registration Number L&I

UBI Number or Business License No.

Washington State Contractor License
Number **(Contractors only)**

Area of Expertise

All eligible contractors or vendors desiring to be placed on the roster must keep current records of any applicable licenses, certifications, registrations, bonding, insurance, anti-disbarment document or other appropriate matters on file with SVID/SDBOC/RSBOJC.

SUNNYSIDE DIVISION BOARD OF CONTROL
SUNNYSIDE VALLEY IRRIGATION DISTRICT
ROZA-SUNNYSIDE BOARD OF JOINT CONTROL

**DEBARMENT AFFIDAVIT**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
COUNTY OF

I, the undersigned, an authorized representative of

Firm, Association, Corporation or Business (hereinafter referred to as "Firm") do certify that the Firm or any person in a controlling capacity associated therewith or any position involving the administration of federal funds; is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency; has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past 3 years; does not have a proposed debarment pending; and has not been indicted, convicted or had a civil judgment rendered against said person or Firm, by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

Vendor/Contractor's Signature

I certify that I know or have satisfactory evidence that

signed this instrument, on oath stated that (he/she) was authorized to execute the

instrument and acknowledged it as the (title) of
to be the free and voluntary act of such party of the uses and purposes mentioned in the instrument.

Dated:

Signature of Notary Public

(Seal or stamp) My appointment expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Sunnyside Valley Irrigation District use only**

In lieu of Debarment Affidavit use [www.fsd.gov](http://www.fsd.gov)

Name of Person checking Date