



## Project Roster Application - Consultants

### APPLICANT PROFILE

#### ***General Business Information***

Legal Name of Applicant Business

Doing Business As (if different from Legal)

Address

City

State

Zip Code

#### ***Mailing Address (if different from above)***

Address

City

State

Zip Code

#### ***Contact Information***

Contact Person's Name

Contact Person's Title

Phone (with area code)

E-mail

**Business Classification / Other Information**

Type of Business

Wa State Business License Number (UBI)

Federal Tax ID Number

Years / Months in Present Business

Name(s) of Owners

Check which organization structure  
your business is registered as:

In which state is your  
business registered?

License number

Sole Proprietorship

Partnership

Limited Liability Company

Corporation

Other

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

Gender

Ethnicity

Certification number

Washington State Disadvantaged Business Status

Gender

Ethnicity

Certification number

## SERVICE CATEGORY

Please select the appropriate category. Firms may select more than one.

Architectural Services - Space Planning  
Architectural Services - Structures  
Architectural Services - Historic Structure Reports  
Construction Management Services  
Corrosion Engineering  
Drafting (CAD / CADD) Services  
Electrical Engineering  
Geotechnical Engineering  
Hazardous Materials Testing / Consulting  
Historic Resource Inventory / Design / Assessments  
Interior Design  
Landscape Architect  
Land Survey  
Material Engineering  
Mechanical Engineering  
Plumbing Engineering  
Photography  
Real Estate Consulting  
Recycling / Sustainability Consulting  
Seismic Engineering  
Structural Engineering  
Urban Planning  
Value Engineering / Analysis  
Waterproofing Roofing Diagnosis and Design  
Accounting and Financial Services  
Computer / Technology  
Website Development  
Human Resources / Organizational Consulting  
Editing  
Graphic Design  
Fundraising  
Communications  
Marketing  
Other (please specify)

## **JOB HISTORY**

***Starting with the most recent, please list details of work history which best illustrate current qualifications relevant to the selected service category.***

### **Project 1**

Service Category Selected

Project Name

City and State

Owner

Owner's Project Manager

Owner's Project Manager Phone (with area code)

Owner's Project Manager E-mail address

Dollar Amount of your business' portion of work

Date work completed

Business' Responsibility for the Project

### **Project 2**

Service Category Selected

Project Name

City and State

Owner

Owner's Project Manager

Owner's Project Manager Phone (with area code)

Owner's Project Manager E-mail address

Dollar Amount of your business' portion of work

Date work completed

Business' Responsibility for the Project

**Project 3**

Service Category Selected

Project Name

City and State

Owner

Owner's Project Manager

Owner's Project Manager Phone (with area code)

Owner's Project Manager E-mail address

Dollar Amount of your business' portion of work

Date work completed

Business' Responsibility for the Project

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**Submitted by:**

Name

Date

Title

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