REQUEST TO BE INCLUDED ON THE PROFESSIONAL SERVICE ROSTER

Purchasing Office
P.O. Box 2098
Everett, WA 98213
Phone: (425) 385-4180
Fax: (425) 385-4172

FOR CONSIDERATION ON SPECIAL PROFESSIONAL SERVICES PROJECTS COMPLETE THIS FORM AND MAIL TO THE ABOVE ADDRESS.

Name of Company_____ Phone #_____

Address _____ Fax # _____

City _____ State_____ Zip_____ E-mail_____

Name of Contact Person_____

Federal Tax Identification #_____

Type of Organization: [ ] Individual [ ] Partnership [ ] Corporation
List principals: (owners, partners, corporate officers)

Name & Title _____

Name & Title _____

Name & Title _____

Are any of the Principals or their spouses employed by the Everett School District #2?

[ ] Yes [ ] No

How long has your company been in business?_____

PREVIOUS EXPERIENCE – List other school districts or state agencies:

District/Agency	Description of Service	Date Performed	Amount

Continued on Reverse Side

EVERETT SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER. Applicant will comply with all City, State and Federal Government regulations regarding equal employment opportunity and affirmative action.

Mark with an X those services you are equipped, experienced and qualified to perform:

[ ] Architecture

[ ] Architecture, Landscaping

[ ] Asbestos Abatement Consultant

[ ] Construction Testing

[ ] Cost Estimating:

[ ] · Roofing

[ ] · Commissioning HVAC Systems

[ ] · A.D.A. Upgrades

[ ] · Constructability Reviews

[ ] Engineering, Civil

[ ] Engineering, Electrical

[ ] Engineering, Geo-Technical

[ ] Engineering, Mechanical

[ ] Engineering, Signal Systems

[ ] Engineering Structural

[ ] Engineering, Traffic/Transportation

[ ] Engineering, Value

[ ] Environmental Monitoring

[ ] Hazardous Waste Services

[ ] Inspection Services

[ ] Survey

[ ] Testing & Balance of HVAC

[ ] Testing & Concrete

[ ] Testing, Soil

[ ] Other : _____

[ ] _____

[ ] _____

[ ] _____

Comments or explanations, if any, on areas of specialization: _____

_____

_____

Applicant agrees to provide a Certificate of Insurance naming the Everett School District as an additional insured, prior to commencement of any project.

Applicant agrees to comply with all City, State and Federal regulations relative to public works projects.

I certify that the information supplied herein is correct and agree to the terms and conditions contained herein.

Signature _____ Date _____

Printed Name _____ Title _____