

<b>DO NOT WRITE IN SHADED AREA</b>					RECEIVED BY
<b>01 or 02</b>	COUNTY CODE	TYPE	ENTERED BY	DATE ENTERED	
EFFECTIVE DATE	EXPIRATION DATE	CONTRACTOR REGISTRATION NUMBER			

DEPARTMENT OF LABOR AND INDUSTRIES  
 CONTRACTOR'S REGISTRATION SECTION  
 PO BOX 44450  
 OLYMPIA WA 98504-4450



## APPLICATION FOR CONTRACTOR REGISTRATION

PLEASE PRINT OR TYPE: Use Ink (360) 902-5226

BUSINESS NAME (LIMIT TO 30 CHARACTERS AND ONLY ONE BUSINESS NAME)	PHONE # (area code)	COUNTY
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MAILING ADDRESS	CITY	STATE	ZIP + 4
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DO YOU HAVE OR WILL YOU BE HIRING EMPLOYEES?  YES  NO

If Yes, please list your Industrial Insurance Account Number. \_\_\_\_\_

HAVE ANY OF THE PRINCIPAL OWNERS/OFFICERS, UNDER ANY OTHER CONSTRUCTION BUSINESS NAME EVER BEEN PREVIOUSLY OR ARE CURRENTLY REGISTERED IN WASHINGTON AS A CONTRACTOR?  YES  NO

IF YES, GIVE PREVIOUSLY REGISTERED BUSINESS NAME: \_\_\_\_\_

List Industrial Insurance Account Number of registered business: \_\_\_\_\_

PREVIOUS REGISTRATION NUMBER REG # \_\_\_\_\_ DATE EXPIRED: \_\_\_\_\_

DO YOU WANT YOUR PREVIOUS CONTRACTOR REGISTRATION:  
 CONTINUED AS A SEPARATE BUSINESS  YES  NO

\*\*\* NOTE: PREVIOUS REGISTRATION WILL BE REFERENCED IN CURRENT FILE \*\*\*

MARK THE TYPE OF REGISTRATION:  GENERAL CONTRACTOR  SPECIALTY CONTRACTOR

SPECIALTY CONTRACTORS ONLY: WRITE IN ONE OR TWO TRADES FROM LIST BELOW:

SPECIALTY CODE \_\_\_\_\_ SPECIALTY CODE \_\_\_\_\_

- |  |                                    |   |
|--|------------------------------------|---|
| BA ACOUSTICAL                                | BR HOUSE MOVING                    | CE SEAL COATING                                       |
| AA AIR CONDITIONING*                         | BS HYDRAULIC INSTALLATION/REPAIR   | CF SERVICE STATION EQUIPMENT*                         |
| BG APPLIANCES/EQUIPMENT                      | BT INSTITUTIONAL/EQUIP/STATIONARY  | CG SHEET METAL  |
| XX ASBESTOS                                  | FURNITURE/LAB TABLES/LOCKERS       | CH SIDING (OTHER THAN WOOD)                           |
| BC AWNINGS/CANOPIES/CARPORTS/PATIO COVERINGS | BU INSULATION                      | CI SIGNS--- NON-ELECTRICAL                            |
| AC BOILER/STEAM FITTING/PROCESS PIPING       | BV IRRIGATION/SPRINKLING SYSTEMS*  | CJ STEEL/ALUMINUM ERECTORS                            |
| BD CABINET AND MILLWORK                      | BW LANDSCAPING*                    | CK STEEL REINFORCING/BAR/WIRE MESH                    |
| BE CARPENTRY/FRAMING                         | BX LATHING                         | CL STRUCTURAL PEST CONTROL/REPAIR                     |
| CW CARPET LAYING                             | BY MACHINERY                       | CM SWIMMING POOLS/SERVICE/REPAIR*                     |
| BF CERAMIC/PLASTIC/METAL TILE                | BZ MASONRY                         | CN TANKS/TANK RENOVATING                              |
| AB COMMERCIAL/INDUSTRIAL REFRIGERATION*      | MH MOBILE HOME SET-UP              | TC TELECOM/CABLE WIRING                               |
| BI CONCRETE                                  | CA ORNAMENTAL/METALS               | CO VENETIAN BLINDS/SHADES/DRAPES                      |
| BJ DEMOLITION                                | OG OVERHEAD/GARAGE DOORS           | AF WARM AIR VENTING/VENTILATION & EVAPORATIVE COOLING |
| BK DRYWALL                                   | CB PAINTING/WALL COVERING          | CP WATER CONDITIONING EQUIPMENT*                      |
| BL ELEVATOR                                  | PS PAVING/STRIPING                 | CQ WATER PROOFING                                     |
| BM EXCAVATING/GRADING                        | CC PLASTERING                      | CR WEATHER STRIPPING                                  |
| BN FENCING                                   | AD PLUMBING*                       | CS WELDING  |
| BO FIRE PROTECTION SYSTEM (other than elect) | PW PRESSURE WASHING                | WD WELL DRILLING**                                    |
| BP GLAZING/GLASS                             | BH RESILIENT FLOOR/COUNTERTOP      | CT WOOD FLOOR LAYING/FINISHING                        |
| BQ GUNITE                                    | MATERIALS/PLASTIC FINISH MASONITE  | WS WOODSTOVE INSTALLATION                             |
| CV GUTTERS/DOWNSPOUTS                        | CD ROOFING                         | EX OTHER (SPECIFY): _____                             |
|  | AE SANITATION SYSTEMS "Side Sewer" |   |

\* MAY ALSO REQUIRE ELECTRICAL OR PLUMBER CERTIFICATION

\*\* ADDITIONAL LICENSING REQUIREMENTS ARE NECESSARY THRU WA STATE DEPT OF ECOLOGY - (360) 407-6650

### OTHER REGISTRATION NUMBERS REQUIRED

NOTICE: YOU MUST FILL IN THE ACCOUNT NUMBERS LISTED BELOW. FEDERAL I.R.S. NUMBER MUST BE PROVIDED.

UNIFIED BUSINESS IDENTIFIER (UBI) ACCT. NO.	I.R.S. EMPLOYER IDENTIFICATION NUMBER (FEDERAL)	CORP. NO. IF APPLICABLE
		Industrial Insurance Account #

**IF NUMBERS ARE NOT SUBMITTED YOUR REGISTRATION WILL NOT BE PROCESSED**

## TYPE OF ORGANIZATION (COMPLETE ONE OF THE FOLLOWING)

<input type="checkbox"/>	<b>INDIVIDUAL PROPRIETORSHIP</b>	(LIST INDIVIDUAL NAME, NOT BUSINESS NAME) (TYPE OR PRINT)	SOCIAL SECURITY #	PHONE NO. ( )
MAILING ADDRESS		CITY	STATE ZIP + 4	

<input type="checkbox"/>	<b>PARTNERSHIP</b>	PHONE NO. ( )
NAMES (TYPE OR PRINT)	MAILING ADDRESS	CITY STATE ZIP + 4
		SOCIAL SECURITY #

<input type="checkbox"/>	<b>CORPORATION</b>	<input type="checkbox"/>	<b>LLC</b>	<input type="checkbox"/>	<b>LLP</b>	PHONE NO. ( )
POST OFFICE ADDRESS OF PRINCIPAL OFFICE	MAILING ADDRESS	CITY	STATE ZIP + 4		SOCIAL SECURITY #	
PRESIDENT (TYPE OR PRINT)	MAILING ADDRESS	CITY	STATE ZIP + 4		SOCIAL SECURITY #	
VICE PRESIDENT	MAILING ADDRESS	CITY	STATE ZIP + 4		SOCIAL SECURITY #	
SECRETARY	MAILING ADDRESS	CITY	STATE ZIP + 4		SOCIAL SECURITY #	
TREASURER	MAILING ADDRESS	CITY	STATE ZIP + 4		SOCIAL SECURITY #	
STATUTORY AGENT	MAILING ADDRESS	CITY	STATE ZIP + 4			

NOTE: Social Security Numbers for identification only  
**SIGN AND HAVE NOTARIZED THE AFFIDAVIT BELOW:**

### AFFIDAVIT OF SIGNATURE

WE (I), THE UNDERSIGNED, BEING FIRST DULY SWORN, EACH FOR HIMSELF DEPOSES AND SAYS: THAT THE UNDERSIGNED ARE THE TRULY ELECTED, QUALIFIED, AND ACTING OFFICERS, OR PARTNERS, OR INDIVIDUALLY, AS THE CASE MAY BE, OF THE WITHIN NAMED APPLICANT(S), AS PER THEIR SIGNATURE BELOW; THAT WE (I) HAVE READ THE CONTENTS OF THIS APPLICATION, AND TO THE BEST OF OUR(MY) KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE IN SUBSTANCE AND EFFECT AND ARE MADE IN GOOD FAITH.

(TYPE OR PRINT NAME)	(SIGNATURE)	(TITLE)

NOTARY SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS	MY COMMISSION EXPIRES ON:
DATE	
NOTARY PUBLIC	RESIDING AT

- BEFORE MAILING THIS APPLICATION: HAVE YOU INCLUDED THE FOLLOWING?**
- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. COMPLETED APPLICATION WITH NOTARIZED SIGNATURE(S)</li> <li>2. <b>ORIGINAL</b> SURETY BOND OR ASSIGNMENT FORM (NOT COPIES)</li> <li>3. INSURANCE CERTIFICATE OR DOCUMENT, AND/OR ASSIGNMENT FORM FOR INSURANCE (originals only)</li> <li>4. UNIFIED BUSINESS IDENTIFIER (UBI) ACCOUNT NUMBER. REVENUE #</li> </ol> | <p style="font-size: small;"><b>NOTICE: IF THESE ITEMS ARE NOT SUBMITTED IN ONE PACKAGE, YOUR REGISTRATION WILL NOT BE PROCESSED!</b></p> <ol style="list-style-type: none"> <li>5. IRS NUMBER OR COPY OF COMPLETED APPLICATION</li> <li>6. \$45.00 CHECK OR MONEY ORDER</li> </ol> |
|---|---|



**TO OBTAIN THE UNIFIED BUSINESS IDENTIFIER (UBI) ACCOUNT NUMBER, CONTACT YOUR LOCAL DEPARTMENT OF LABOR AND INDUSTRIES DIVISION OF INSURANCE SERVICES, THE DEPARTMENT OF REVENUE, EMPLOYMENT SECURITY DEPARTMENT, OR THE BUSINESS LICENSE SERVICE IN OLYMPIA.**

**EMPLOYER'S IDENTIFICATION NUMBER  
(EMPLOYER SOCIAL SECURITY) (NOT PERSONAL NUMBER)**

INTERNAL REVENUE SERVICE OR YOUR LOCAL INTERNAL REVENUE SERVICE

INTERNAL REVENUE SERVICE CENTER  
2404 CHANDLER CT SW STE 280  
OLYMPIA WA 98502 TOLL FREE: 1-800-424-1040

**BUSINESS LICENSE SERVICE**

DEPARTMENT OF LICENSING  
405 BLACK LAKE BLVD  
OLYMPIA WA 98504

(360) 664-1400

**SEND COMPLETED APPLICATION PACKAGE TO CONTRACTOR'S REGISTRATION SECTION IN OLYMPIA**