

NEW CONTRACTOR SET-UP

Date:	
Company Name:	
Address:	
Business Phone:	Fax:
Web Site Address:	Email Address:
President/General Manager:	
*Federal Employee Identification Number (W9) #:	
*State of Washington Contractor's License #:	Exp. Date:
Department of Revenue (UBI) #:	
*Return completed form with current license(s)	