

CITY OF PULLMAN
DEPARTMENT OF PUBLIC WORKS
CONSULTANT ROSTER REGISTRATION

CONSULTANT NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

THE CONSULTANT WISHES TO BE CONSIDERED FOR CONTRACTS FOR PERFORMANCE OF PROFESSIONAL SERVICES IN THE DISCIPLINES CHECKED BELOW. CONSULTANT IS LICENSED TO PRACTICE IN THE STATE OF WASHINGTON IN THE DISCIPLINES CHECKED.

ARCHITECTURAL SERVICES FOR PROJECTS INVOLVING:

REMODELING OR NEW BUILDINGS

ENGINEERING SERVICES FOR PROJECTS INVOLVING:

LANDSCAPE ARCHITECTURE

WATER SEWER TREATMENT

SUBDIVISION IMPROVEMENTS

GEOTECHNICAL

STREETS

STRUCTURES

SEWER

TRAFFIC & SIGNALS

WATER

ELECTRICAL

STORM DRAIN

MECHANICAL

SURVEYORS SERVICES FOR:

SURVEYS

CONSTRUCTION STAKING

PLATTING

OTHER SERVICES: (SPECIFY)

CONSULTANT'S AUTHORIZED REPRESENTATIVE: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please Return This Form To:

City of Pullman
Engineering Department
325 SE Paradise Street
Pullman, WA 99163

CITY USE ONLY

Director's Acceptance: _____