

**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> LANDSCAPE ARCHITECTURE   | <input type="checkbox"/> WATER SEWER TREATMENT |
| <input type="checkbox"/> SUBDIVISION IMPROVEMENTS | <input type="checkbox"/> GEOTECHNICAL          |
| <input type="checkbox"/> STREETS                  | <input type="checkbox"/> STRUCTURES            |
| <input type="checkbox"/> SEWER                    | <input type="checkbox"/> TRAFFIC & SIGNALS     |
| <input type="checkbox"/> WATER                    | <input type="checkbox"/> ELECTRICAL            |
| <input type="checkbox"/> STORMWATER               | <input type="checkbox"/> MECHANICAL            |

**SURVEYORS SERVICES FOR:**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> SURVEYS  | <input type="checkbox"/> CONSTRUCTION STAKING |
| <input type="checkbox"/> PLATTING |   |

**OTHER SERVICES: (SPECIFY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consultant's Authorized Representative:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**Please Return This Form To:**

City of Pullman  
Public Works, Engineering Division  
190 SE Crestview Street, Building A  
Pullman, WA 99163  
[pwcd-admin@pullman-wa.gov](mailto:pwcd-admin@pullman-wa.gov)