

VENDOR LIST APPLICATION
Wenatchee Valley Fire Department
P.O. Box 2106, Wenatchee, Washington 98801
(509) 662-4734

Please complete the entire application, incomplete applications will not be considered.

Name of Company _____
Mailing Address _____
Telephone _____
Email Address _____

Incorporated **Partnership** **Sole Proprietorship**

If incorporated, name the resident agent and address. For partnership or sole proprietorship, name the managing person and address:

Name _____
Address _____
Federal Tax ID _____

Please describe the products and services provided:

ADA Compliance: In accordance with the requirements of the Americans with Disabilities Act (ADA), Wenatchee Valley Fire Department will not discriminate directly, through contract or other arrangement against qualified individuals with disabilities, on the basis of disability, in the services, benefits, activities, or physical facilities provided to the public. Contractors shall comply with the requirements of the ADA and its regulations.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Business Name _____
Print Name and Title _____
Signature _____
Date _____