



**VENDOR LIST APPLICATION**  
**Materials, Equipment, Supplies, and Services**  
**Chelan Fire and Rescue**

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In accordance with RCW 52.14.110 and RCW 39.04.190, Chelan Fire and Rescue does hereby solicit vendors desiring to be placed on the District's Vendor List.

**Date:** \_\_\_\_\_

*Please print the information requested*

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Federal I.D. #:** \_\_\_\_\_ **TIN# /SS #:** \_\_\_\_\_

**UBI #:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Times:** \_\_\_\_\_

**After Hours:** \_\_\_\_\_ **Times:** \_\_\_\_\_

Briefly outline the type of materials, equipment, supplies, or services your company provides:

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Mail form to:  
P.O. Box 1317 Chelan, WA 98816  
Email form to:  
chelanadmin@cfr7.org  
(509)682-4476

