

SUBCONTRACTOR INFORMATION SHEET

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION (PRINT ONLY):

PROJECT NAME:

COMPANY NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE:

CONTACT PERSON:

EMAIL ADDRESS:

CONTRACTOR STATE LICENCE:

EXPIRATION DATE:

IS YOUR COMPANY SIGNATORY TO A COLLECTIVE BARGAINING AGREEMENT WITH A UNION:

YES NO

DIR NO:

Worker Classifications (E.G. Carpentry, Laborer) That Your Firm Intends To Utilize On This Project

1.

6.

2.

7.

3.

8.

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9.

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