

CONTRACTOR INFORMATION REQUEST

Prime Contractor: _____

Project Name: _____

Subcontractor: _____

Full Address: _____

Phone No.: _____

Payroll Contact: _____

E-mail Address: _____

Subcontract with: _____ DIR PWCR #: _____

LCPtracker USER ID: _____

Contractors State License No.: _____

Estimated Start Date: _____

ANTICIPATED TRADES/CLASSIFICATIONS:

SCOPE OF WORK TO BE PERFORMED (DESCRIBE IN DETAIL)

EQUIPMENT TO BE UTILIZED ON JOB:

TIERED SUBS (includes Mixed Concrete/Dump Truck Drivers/Owner Operators, Sole Proprietor):

Name:	License #:	Phone/E-mail	Contact:	DIR PWCR #:
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete this form in its entirety and provide the same for any lower-tiered subcontractors.

Please email this back to CCMI's contact as shown on cover page of the labor compliance handout or upload onto LCPtracker.