



Subcontractor: _____

Email address: _____

Project: _____

Please complete the following information and return to our office with the other required contract documents.

Washington State
Contractor's License #: _____ State U.B.I. #: _____

Washington State Dept. of Labor & Industries #: _____

Employers Federal ID#: _____

or

Sole Proprietor's Social Security #: _____

Please Indicate: Partnership Sole Proprietor Corporation - What State? _____

M/W/DBE Designation: No Yes - Cert #'s? _____

List Any Union Affiliations _____

Project Manager: _____ Email: _____

Accounting: _____ Email: _____

Jobsite Super: _____ Cell: _____

Safety Manager: _____ Cell: _____

Company Officers: _____ Title: _____

