

Prime Contractor and Subcontractors Data

Project Name and Number				
Company Name				Contractor Lic. #
Mailing Address	City	State	Zip Code	UBI #
Street Address	City	State	Zip Code	Workmans Comp #
Telephone #		Fax #		
Firms Contract Administrator		Contract Administrator's Email		
Typed Name of Person Authorized to Sign Certified Payrolls				
Signature of Person Authorized to Sign Certified Payrolls				
This company is <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
Union Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Unions				
Comments:				
Contractors Signature (Owner)			Title	