



Date:

Subcontractor:

Re:

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

Washington State Contractor License: _____

Washington State Dept. of Labor & Industries #: _____

Please indicate: ___ Corporation ___ Partnership ___ Sole Proprietor

If incorporated, name state of incorporation: _____

Employers Federal I.D. # 91- _____

or

Sole Proprietor's Social Security Number: _____

UBI # _____

Project Manager: _____ email: _____

EMERGENCY CONTACT: _____ **TELEPHONE** _____

Accounting Contact: _____ email: _____

Contracts/Paperwork Contact: _____ email: _____

Company Officers: _____ Title _____
