



SUBCONTRACTOR INFORMATION SHEET

PROJECT NO. & TITLE: _____

SUBCONTRACTOR NAME: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

PHYSICAL ADDRESS (if different): _____

CONTACT NAME: _____ EMAIL: _____

CERTIFIED PAYROLL NAME: _____ EMAIL: _____

ACCOUNTING NAME: _____ EMAIL: _____

FORM OF ORGANIZATION:

Sole Proprietorship Partnership Corporation Other
Sole Proprietor or Partner-Limited Liability (LLC) S or C Corp-Limited Liability Company (LLC)

FEDERAL TAX PAYER IDENTIFICATION NO: _____

WA CONTRACTOR'S REG/LICENSE NO: _____ EXPIRES: _____

UBI/WASHINGTON BUSINESS LICENSE NO: _____

LABOR & INDUSTRIES ACCOUNT NO: _____

EMPLOYMENT SECURITY ACCOUNT NO: _____

TIER SUBCONTRACTORS TO BE USED ON THIS JOB (Please attach additional list if needed)

Name: _____ Address: _____ Phone: _____

Scope of Work: _____ Email: _____

Name: _____ Address: _____ Phone: _____

Scope of Work: _____ Email: _____

MAJOR SUPPLIERS TO BE USED ON THIS JOB (Please attach additional list if needed)

Name: _____ Address: _____ Phone: _____

Type of Material: _____ Email: _____

Name: _____ Address: _____ Phone: _____

Type of Material: _____ Email: _____

*****PLEASE KEEP US UPDATED IF YOU MAKE ANY CHANGES*****