



Subcontractor: _____

Email address: _____

Project: _____

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

Washington State
Contract. License #: _____ State U.B.I. #: _____

Washington State
Dept. of Labor & Industries #: _____

Please Indicate: Corporation Partnership Sole Proprietor

Any Union Affiliations _____

If Incorporated, name state of incorporation: _____

Employers Federal ID# _____
or
Sole Proprietor's Social Security # _____

Project Manager: _____

Accounting: _____

Company Officers: _____ Title: _____

General Contractor Reg. No. WESTEVC 179KB