



Contractor Set Up Information

- If you have an LCPtracker account, please use your current user ID.
- If you have any questions about completing this form, please reach out to the agency that sent it to you.
- **Note: All information marked with an asterisk (*) is mandatory.**

Company Name (Contractor)*: _____

Federal Tax ID Number*: _____

10-digit Phone Number (can be existing LCPtracker User ID)*: _____

Construction Project Number*: _____

Insurance Certificate Number: _____

Motor Carrier Permit Number: _____

Worker's Compensation Policy Number: _____

Union Status (select one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Union | <input type="checkbox"/> Section 3 Business |
| <input type="checkbox"/> Non-Union | <input type="checkbox"/> Non-Construction Contractor |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Contractor's Health Plan Approved |

Ethnicity: _____

Principal Name*: _____

Principal Title*: _____

Contact Name*: _____

Phone Number*: _____

Contact Fax: _____

Contact E-Mail (Login information will be sent to this email address)*: _____

Address 1*: _____

Address 2: _____

City*: _____ State*: _____ Zip Code*: _____

Contractor Status:

- ☐ Owner operator ☐ Not an owner operator



Business Certifications

Certification*: _____

Certifying Agency*: _____

Issue Date: _____

Expiration Date: _____

Notes (750 character max):

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