



CONTRACTOR SET UP INFORMATION

(If you have an LCPtracker account, please use your current user ID)

All information marked with a **RED** Asterisk is MANDATORY

Company Name (Contractor)*

Federal Tax ID Number*

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

Insurance Certificate Number

Motor Carrier Permit Number

Worker's Compensation Policy Number

Union Status

- Union Section 3 Busines
- Non-Union Non-Construction Contractor
- Mixed 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



BUSINESS CERTIFICATIONS

Certification*

Certifying Agency*

Issue Date

Expiration Date

Notes

If you have any questions about completing this form, please reach out to the agency that sent it to you.