



CONTRACTOR FORM

IMPORTANT: If you **already** have an existing LCPtracker Contractor Account, **DO NOT** complete this form. Instead do the following:

- 1) Login to your existing LCPtracker Contractor Account
- 2) Go to the **[Set Up]** tab
- 3) Click on the **[Company Information]** button
- 4) Take a screenshot of **all** existing information
- 5) Send that screenshot to prevailingwage@bloomingtonmn.gov

If you **DO NEED** an LCPtracker Contractor Account, provide the information below, and return to prevailingwage@bloomingtonmn.gov.

PLEASE NOTE: All fields with **red asterisks** are REQUIRED.

Department

-- All Departments --

Leave on All Departments

Role

Type in Contractor

Company Name (Contractor) *

Federal Tax ID Number *

D-U-N-S Number

[PWCR Number](#)

[Unique Entity ID \(UEID\)](#)

Contractor License No. or 10-digit Phone Number *

USER ID

Contractor License Expiring Date



Contractor License (To Display on Certified Payroll)

Insurance Certificate Number

Specialty License Number

Local Business (City) License

Motor Carrier Permit Number

Worker's Compensation Policy Number

Union Status

- Section 3 Business
- Non-Construction Contractor
- Contractor's Health Plan Approved

Ethnicity

Type of Trade

Principal Name

Principal Title

Changes to this page (particularly the primary contact name/email) after initial setup, should only be made by the Company, or by a User with administrative privileges who has fully confirmed the identity of any requestor. Additional user access should be created by the primary user at the Company.

Contact Name *

Phone Number *

Contact Fax

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

Verify Contact E-Mail *

Address 1 *

Address 2

City *

State/Province *

ZIP Code *

Standard Hours Per Day * Standard Work Week Hours *

Leave in 0

Pay date is calendar days after week end date.

Notice enforcement *

Leave on ENFORCE

Contractor Status

Click here to obtain a free D-U-N-S number

 Owner Operator Use Overtime Round Factor for Payroll Validation <http://fedgov.dnb.com/webform/displayHomePage.do>

Business Certifications

Certification *

Certifying Agency *

Issued Date

Expiration Date



(E.g., DBE, DVBE, LBE, MBE, None, SBE, WBE)

If multiple certifications, please add in the Notes section.

Notes

Please submit this form and attach certification(s) if applicable, to: prevailingwage@BloomingtonMN.gov

TENNESSEN WARNING: In submitting this form to the City, you are being asked to provide your federal tax identification number, which may be your Social Security number if you are a sole proprietor. Your Social Security number in whole or in part is private data under Minnesota Statutes, Section 13.355. Before you give the City permission to collect and/or release private data about you, please review the information listed on this data privacy notice.

Under Minnesota Statutes, section 16C.285, subdivisions 2 and 3, a contractor on a construction contract must meet minimum criteria to be eligible to be awarded a construction contract. The minimum criteria include having a valid federal identification number if an individual. While you may legally refuse to supply Social Security number data, City staff responsible for enforcing prevailing wage need one of the two kinds of federal tax identification numbers to verify your status as a responsible contractor and process your profile form. If you choose not to supply a federal tax identification number, you will be barred from being awarded a construction contract. Your Social Security information may also be accessible to anyone you specifically authorize, pursuant to courts order, and by any other person or entity authorized by state or federal law (e.g., Attorney General's Office, Legislative Auditor's Office, and law enforcement agencies).