SUBCONTRACTOR SETUP FORM

IMPORTANT: If you **already** have an existing LCPtracker Contractor/Subcontractor 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 the PRIME CONTRACTOR

If you **DO NEED** an LCPtracker Contractor Account, provide the information below, and return to the PRIME CONTRACTOR
PLEASE NOTE: All fields with *red asterisks** are REQUIRED.

Department
-- All Departments --

| -- All Departments -- | Leave on All Departments |

Role

| | Type in Subcontractor |

Company Name (Subcontractor) *

| |

Federal Tax ID Number *	D-U-N-S Number	PWCR Number	Unique Entity ID (UEID)

Contractor/Subcontractor License No. or 10-digit Phone Number *   Contractor/Subcontractor License Expiring Date

| | USER ID | |

Contractor/Subcontractor 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 *

[0.000]   **Leave in 0**   [40.000]

Pay date is [7] calendar days after week end date.

Notice enforcement *

[ENFORCE]   **Leave on ENFORCE**

Contractor/Subcontractor 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)

Notes   **If multiple certifications, please add in the Notes section.**

[   ]

Please submit this form and attach certification(s) if applicable, to the PRIME CONTRACTOR