



*INDEPENDENT CONTRACTOR INFORMATION – To be completed by the Contractor.  
 IMPORTANT: Attach a copy of your trade name registration from the State.*

1) Trade Business Name: \_\_\_\_\_

2) Applicant's Name: \_\_\_\_\_

3) Type of firm:  Individual Corp.     Subchapter "S" Corp.     Partnership  
 L.L.C.     Other \_\_\_\_\_

4) Fed ID or S.S. Number: \_\_\_\_\_

5) Date Business Formed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

7) Do you have a current workers' compensation policy? \_\_\_\_\_ If "Yes," attach a copy of the Certificate of insurance.

8) How much of your company do you own? \_\_\_\_\_%

9) Do you advertise? \_\_\_\_\_

10) Type of work you perform? \_\_\_\_\_

11) Please list three references that you have performed services for in the last twelve months:

Name	Phone Number
_____	_____
_____	_____
_____	_____

12) How many employees do you have? \_\_\_\_\_

13) How many subcontractors will be used to perform your services? \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date