



Laborers Funds Administrative Office of Northern California, Inc.

220 Campus Lane, Fairfield, CA 94534-1498

Employer Services Direct Line: 707-863-3480 or 800-244-4530

April 9, 2020

Employer Name

Address

City, State Zip

Re: Required Contact Information

Dear Contributing Employer:

In addition to the information already obtained from the newly signed Collective Bargaining Agreement and in an effort to better serve you we ask that you verify the information completed in the below sections as well as complete any of those areas that remain blank and return this form to us at your earliest convenience. Having accurate information on file allows us the opportunity to keep you informed and up to date.

Please list the name of the individual in your office that would be our contact for contributions, payroll and portal navigation. Once we have updated your information we will be sending you an invitation code to set up your profile on our Employer Portal.

Part A – Employer Contact Information

Employer Name:	
Employer ID:	
Federal ID:	
Contact's First & Last Name:	
Contact's Title:	
Contact's email:	
Employer Phone:	
Employer Fax:	
Companies Physical Address (no P.O. Box):	

Part B - Employer Signatory Status Information

Employer Signed Agreement:
Employers Contractor's State License #:
License Entity (sole proprietor/corporation):

License Personnel List and Titles (i.e. Owner/Officer/RMO/CEO):	
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Part C – To be completed if you have signed either a
Project Labor Agreement, One-Job Agreement or Sub-Contractor Agreement

Name of General Contractor:	
Name of owner (awarding agency if public works) of project:	
Name and address/location of the project:	
Type of project i.e., public works (state or federal); commercial (over 12 million); light commercial; private grading/residential, etc.:	
Response:	
Estimated start date of the Employer's portion of the work:	
Estimated completion date of the Employers portion of the work:	
Are there any special provisions that have been agreed to by the parties that will amend the terms of the Laborers Master Agreement?	
Response:	

Please sign below and return this form to the above listed address, fax (707) 864-5856 or via email to EmployerServices@lfao.org. Thank you for completing and returning promptly.

Sincerely,

Employer Services
Laborers Funds Administrative Office

Form completed by: _____
Print Name and Title
Signature and Date