

Re: Required Contact Information

Name:

Name:

Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 Employer Services Direct Line: 707-863-3480 or 800-244-4530

Dear Contributing Employer:		
Agreement and in an effort to completed in the below section	o better serve you we ask that yons as well as complete any of earliest convenience. Having a	wly signed Collective Bargaining you verify the information those areas that remain blank and accurate information on file allows
payroll, and portal navigation	•	ld be our contact for contributions, information, we will be sending you rtal.
Pa	art A – Employer Contact Infor	mation
Employer Name: Employer ID: Federal ID: Contact: Contact's Title: Contact's Email: Employer Phone: Employer Fax:	First Name	Last Name
Companies Address: Physical (no P.O. Box):		
Part	B – Employer Signatory Status	Information
Employer Signed Agreemen	t:	
Employer's Contractor's Stat License Entity (sole propriet	te License #: or/corporation): tles (i.e. Owner/Officer/RMO/C Title: Title: Title:	

Title: _

Title:

Title:



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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 publicworks)	of project:
Name and address/location of the project:	
Is this a certified Payroll Project? Yes No	
Type of project i.e., public works (state or federal commercial; private grading/residential, etc.: Response:	; commercial (over 12 million); light
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 a	greed 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 email to AR@Ifao.org. Thank you for completing a	• • •
Sincerely,	
Employer Services	
aborers Funds Administrative Office	
form completed by:	
Print Name and Title	
Signature	Date(mm/dd/yyyy)