



SUBCONTRACTOR/SUPPLIER INFORMATION SHEET

Please clearly print all requested information and return to HAMEL CONTRACTING, INC.

Company Name: _____

Address: _____

License Number: _____ Trade: _____

Phone: _____ Fax: _____

Persons Authorized to Represent Contractor

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name of Company Safety Officer: _____ Ph#: _____

Does the Company have a Safety Manual? Check Box: Yes No

Contacts for Project

Project Manager: _____ Ph#: _____ Email: _____

Submittals: _____ Ph#: _____ Email: _____

Scheduling: _____ Ph#: _____ Email: _____

Superintendent: _____ Ph#: _____ Email: _____

Accounting: _____ Ph#: _____ Email: _____

Labor Compliance: _____ Ph#: _____ Email: _____

Certified Payroll: _____ Ph#: _____ Email: _____

Emergency Contact Persons

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Owner's Signature

Date