



# SUBCONTRACTOR PROJECT INFORMATION FORM

Updated: 11/04

**Please Fill Out And Return With Signed Contracts:**

ECCI Project # \_\_\_\_\_ Project Name \_\_\_\_\_

1) Company Name \_\_\_\_\_

2) Mailing Address \_\_\_\_\_

3) Address For Overnight Deliveries \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4) Office Representative For This Project \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Pager \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency After Hours Contact \_\_\_\_\_

Phone \_\_\_\_\_

4) Field Representative For This Project \_\_\_\_\_

Pager \_\_\_\_\_ Mobile \_\_\_\_\_

5) Warranty Contact \_\_\_\_\_

6) Minority Status \_\_\_\_\_ Number/Type \_\_\_\_\_

7) HUB Certified YES or NO HUB Number \_\_\_\_\_  
circle one

8) Union \_\_\_\_\_ Non-Union \_\_\_\_\_

9) State License # \_\_\_\_\_ Classification \_\_\_\_\_