



I-Turn Services

**SUBCONTRACTOR INFORMATION SHEET**

**PROJECT NAME:** \_\_\_\_\_

**SUBCONTRACT INFORMATION:**

\_\_\_\_\_  
Your Company Name if you have one Sole Prop, LLC, Corp

\_\_\_\_\_  
Your Name :

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
TAX ID for Corps/LLC OR Social Security for Sole Proprietor's

**LIST ALL CERTIFICATIONS**

CERTIFYING ENTITY	CERTIFICATE	EXP. DATE
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Please list any additional certifications on the reverse side. Attach copies of Certifications.**

**LIST THREE REFERENCES**

NAME	PHONE	EMAIL
1.	_____	_____
2.	_____	_____
3.	_____	_____

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (print name) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_