



INDEPENDENT CONTRACTOR INFORMATION

IMPORTANT: Attach a copy of your trade name registration from the State of Nevada

1) Trade Business Name: _____

2) Applicant's Name: _____

3) Type of firm: Individual Corp. Subchapter "S" Corp. Partnership L.L.C.
Other _____

4) Federal Tax ID or S.S. Number: _____

5) Date Business Formed: _____

6) Phone Number: _____ Fax Number: _____

7) Do you have a current workers' compensation policy?

If "Yes," attach a copy of the Certificate of Insurance.

8) How much of your company do you own? _____%

9) Do you advertise? _____

10) Type of work you perform? _____

11) Please list three references that you have performed services for in the last twelve months:

Name Phone Number

_____	_____
_____	_____
_____	_____

12) How many employees do you have? _____

Signature of Contractor Title Date

Witness Date
