

SUB CONTRACTOR APPROVAL REQUEST FORM

Job Address: _____ RHA Representative _____ PO #: _____

Prime Contractor Name _____ Fed ID or SS#: _____

Trades Used: _____ Value of Work \$ _____

List Proposed Sub Contractors Below

(use additional sheets as necessary)

Prime contractor is responsible for tracking subcontractor insurances and getting updates to Christine Juby.

(1) Sub Contractor Name _____ Fed ID or SS#: _____

Sub Contractor Address: _____

Phone _____ Email _____

Trades Used: _____ Value of Work \$ _____

Ethnicity: 1. White American ___ 2. Black American ___ 3. American Indian ___

4. Hispanic American ___ 5. Asian Pacific American ___

Insurance Expiration Dates: General _____ Auto _____ Workers Comp _____

(2) Sub Contractor Name _____ Fed ID or SS#: _____

Sub Contractor Address: _____

Phone _____ Email _____

Trades Used: _____ Value of Work \$ _____

Ethnicity: 1. White American ___ 2. Black American ___ 3. American Indian ___

4. Hispanic American ___ 5. Asian Pacific American ___

Insurance Expiration Dates: General _____ Auto _____ Workers Comp _____

(3) Sub Contractor Name _____ Fed ID or SS#: _____

Sub Contractor Address: _____

Phone _____ Email _____

Trades Used: _____ Value of Work \$ _____

Ethnicity: 1. White American ___ 2. Black American ___ 3. American Indian ___

4. Hispanic American ___ 5. Asian Pacific American ___

Insurance Expiration Dates: General _____ Auto _____ Workers Comp _____

I hereby acknowledge that this is a REQUEST to use sub-contractors in conjunction with the above mentioned contract. No work shall be performed by any subcontractors listed above until they have been approved by RHA and all required insurance certificates are submitted to RHA. Failure to receive approval prior to the start of any work by subcontractors may result in the termination of this contract.

Prime Contractor's Signature

Title

Date

Subcontractors above approved by RHA Representative

Title

Date