

**Referral Date:** 

## Labor Management Compliance Council 501 Shatto Place, Suite 260, Los Angeles, CA 90020

Phone No.: (213)-385-LMCC(5622) Fax No: (213)-385-5003

Please complete all fields and email to monika@socallmcc.org or ana@socallmcc.org

## PROJECT REFERRAL FORM

## **GENERAL INFORMATION**

**DIR** #:

		-					
<b>Project Name:</b>							
<b>Location:</b>							
Contract Number	er:						
			OWNER / AWA	RDING AGENCY			
<b>Contact Person</b> (	Procure	ment):					
<b>Agency Name:</b>							
Address City, St	ate, Zip (	Code:					
Email:							
Telephone Number:							
GENERAL CONTRACTOR / CONSTRUCTION MANAGER							
Name:							
Address:							
City, State, Zip (	Code:						
Telephone Number:				License No. & Class	ss:		
			CONTRACTO	R TO MONITOR			
Craft:		<b>Contractor Name:</b>		CA License #:		Estimated Hours	
Craft:			Contractor 14				
Craft: Plumber			Contractor Na				
			Contractor IV				
Plumber			Contractor IV				
Plumber Fire Sprinkler	ation		Contractor IV				
Plumber Fire Sprinkler HVAC	ation		Contractor IV				
Plumber Fire Sprinkler HVAC		URCE	Contractor IV		NO	OTES	
Plumber Fire Sprinkler HVAC		URCE	Contractor IV		NO	OTES	
Plumber Fire Sprinkler HVAC Landscape Irrig	SOI	URCE	Contractor IV		NO	OTES	
Plumber Fire Sprinkler HVAC Landscape Irriga Name & Title:	SOI	URCE	Contractor IV		NO	OTES	
Plumber Fire Sprinkler HVAC Landscape Irriga Name & Title: Mailing Address	SOI	URCE	Contractor IV		NO	DTES	
Plumber Fire Sprinkler HVAC Landscape Irriga Name & Title: Mailing Address City/Zip Code:	SOI	URCE	Contractor IVA		NO	OTES	
Plumber Fire Sprinkler HVAC Landscape Irriga Name & Title: Mailing Address City/Zip Code: Phone & Fax:	SOI	URCE	Contractor IVA		NO	OTES	