

SUBCONTRACTOR LIST

NOTICE OF AWARD:

Section 262.34 of the Code of Iowa; Article 10, Subparagraph 10.2, of the Instructions to Bidders; and, Article 5, Subparagraph 5.2.1, of the General Conditions of the Agreement require that the Constructor submit subcontractor information within 48 hours of receipt of Notice of Award.

FINAL:

Contractor shall submit the final subcontractor information before final payment will be made.

PROJECT NAME: _____

PRIME CONTRACTOR:	
FEDERAL ID #:	
IOWA CONTRACTOR REGISTRATION #:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
OFFICE PHONE #:	
FAX #:	
EMAIL ADDRESS:	
PROJECT MANAGER NAME:	
PROJECT MANAGER CELL #:	
SUPERINTENDENT NAME:	
30 HR OSHA CERTIFICATION #:	
SUPERINTENDENT CELL PHONE #:	
SITE PHONE #:	
SAFETY OFFICER NAME AND #:	
PRIMARY EMERGENCY NAME AND #:	
*SECONDARY EMERGENCY NAME AND #:	
BUILD UI CHANGE ORDER CONTACT NAME:	
BUILD UI PAY APPLICATION CONTACT NAME:	

*Required unless Primary Emergency number is answered 24 hours a day

IF YOU DO NOT INTEND TO USE ANY SUBCONTRACTORS, PLEASE SIGN BELOW AND RETURN:

SUBCONTRACTOR:	
FEDERAL ID #:	
SECTION & DESCRIPTION:	
IOWA CONTRACTOR REGISTRATION #:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
OFFICE PHONE #:	
FAX #:	
EMAIL ADDRESS:	
OFFICE CONTACT AND #:	
FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

USE ADDITIONAL SHEETS AS NECESSARY

SUBCONTRACTOR:	
FEDERAL ID #:	
SECTION & DESCRIPTION:	
IOWA CONTRACTOR REGISTRATION #:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
OFFICE TELEPHONE:	
FAX NUMBER:	
EMAIL ADDRESS:	
OFFICE CONTACT AND #:	
FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

SUBCONTRACTOR:	
FEDERAL ID #:	
SECTION & DESCRIPTION:	
IOWA CONTRACTOR REGISTRATION #:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
OFFICE TELEPHONE:	
FAX NUMBER:	
EMAIL ADDRESS:	
OFFICE CONTACT AND #:	
FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

SUBCONTRACTOR:	
FEDERAL ID #:	
SECTION & DESCRIPTION:	
IOWA CONTRACTOR REGISTRATION #:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
OFFICE TELEPHONE:	
FAX NUMBER:	
EMAIL ADDRESS:	
OFFICE CONTACT AND #:	
FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

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IOWA CONTRACTOR REGISTRATION #:	
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FAX NUMBER:	
EMAIL ADDRESS:	
OFFICE CONTACT AND #:	
FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

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FIELD CONTACT AND #:	
BUILD UI ACCESS - NAME & EMAIL:	

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