**CONTRACTOR AND SUB-CONTRACTOR LIST**

Complete this form by providing the information below, including the list of all Contractors/Sub-Contractors who work on the job.

**Return the completed form to Kathy Kugel** **kkugel@dakotacda.org**. You can also email if you have questions.

**Project Name:**

**Project Address:**

|  |  |
| --- | --- |
| General Contractor: | Owner/Builder: |
| Contact Name: | Contact Name: |
| Contact Address:  | Contact Address: |
| Contact Email: | Contact Email: |
| Contact Phone: | Contact Phone: |

**SUB-CONTRACTOR INFORMATION:** Please provide the name of Sub-Contractor as it appears on the business license. If Sub-Contractor is not yet known, please list the TRADE type and include N/A under NAME.

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| **TRADE** | **NAME** | **ADDRESS** | **BUSINESS LICENSE#** |
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