



**Compton Unified School District
Facilities Department
429 South Oleander Ave. Compton, CA 90220**

PWC- 100 Contractor Data Form

Please type or print legibly

Quote Request Date: _____ Number of Calendar Days to complete the work: _____

CUSD Contact E-Mail: _____ Contact Phone: _____ CUSD Dept.: _____

Project Name: _____ Project Address: _____

Please type or print legibly

**** All fields must be filled out by Contractors**

* Company Name: _____ * Contact Name: _____

* Address: _____ * City: _____ * State: _____ * Zip: _____

* Phone No. () _____ * Fax No. () _____

* Contractor's Lic. No.: _____ * Class Type: _____ * DIR Registration No.: _____

* E-mail address: _____ **(Email address must be the same account your company submitted for DIR registration)**

* DIR Classification of workers to be utilized: _____

* **Will Sub-Contractors be utilized: Yes No (if so, you must provide the work classifications on page 2 and company information on page 3 as needed)**

Prevailing wage applies on projects that meet or exceeds \$1,000. Proof of valid Contractor/Specialty license, DIR Registration, workers compensation and insurance are required before work starts.

*****Please mail original form back to Compton Unified School District's Facilities Department, Attn: Barbara Sala at the above address. This form can also be scanned and email to bsala@compton,k12.ca.us for processing. *****



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*DIR Classification(s) of workers to be utilized:
 Check all that apply;

<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Bricklayers	<input type="checkbox"/>	Carpenters	<input type="checkbox"/>	Carpet/Linoleum
<input type="checkbox"/>	Cement Masons	<input type="checkbox"/>	Drywall Finisher	<input type="checkbox"/>	Drywall Lather	<input type="checkbox"/>	Electrician
<input type="checkbox"/>	Elevator Mechanic	<input type="checkbox"/>	Glazier	<input type="checkbox"/>	Iron Worker	<input type="checkbox"/>	Laborer
<input type="checkbox"/>	Landscape Maint.	<input type="checkbox"/>	Operating Engineer	<input type="checkbox"/>	Modular Furn. Installer	<input type="checkbox"/>	Painter
<input type="checkbox"/>	Pipe Trades/Plumber	<input type="checkbox"/>	Plaster	<input type="checkbox"/>	Roofers	<input type="checkbox"/>	Sheetmetal/HVAC
<input type="checkbox"/>	Sound/Communications	<input type="checkbox"/>	Surveyors	<input type="checkbox"/>	Teamster	<input type="checkbox"/>	Telecom Technician
<input type="checkbox"/>	Tile Workers	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Classifications can be found at: <http://www.dir.ca.gov/oprl/PWD/index.htm> DIR Prevailing Wage Hot Line (415) 703-4774

Important Notice: California new law (SB 854) provides that "A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in the chapter, unless currently registered and qualified to perform public work pursuant to Labor Code Section 1725.5." Please go to <http://www.dir.ca.gov/Public-works/PublicWorks.html> for more information and to register. This project is subject to monitoring by the Department of Industrial Relations.

 *Signature of Authorized Person: (must be blue ink) *Title

 *Print Name: *Date:

**Completion of this form does not constitute a binding contract to provide work and/or equipment listed above.

FOR CUSD OFFICE USE ONLY:

Prop 39: Yes / No Advertise Date: _____ Project Start Date: _____ Project End Date: _____

Date Po Issued: _____ Date Enter _____ Date Notified Vendor _____ PO#: _____



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Sub Contractor's Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. () _____ Fax No. () _____

Sub-Contractor's Lic. No.: _____ DIR Registration No.: _____ Tax ID: _____

E-mail address: _____

DIR Classification of workers to be utilized: _____

Sub Contractor's Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. () _____ Fax No. () _____

Sub-Contractor's Lic. No.: _____ DIR Registration No.: _____ Tax ID: _____

E-mail address: _____

DIR Classification of workers to be utilized: _____

Sub Contractor's Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.() _____ Fax No.() _____

Sub-Contractor's Lic. No.: _____ DIR Registration No.: _____ Tax ID: _____

E-mail address: _____

DIR Classification of workers to be utilized: _____

Sub Contractor's Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.() _____ Fax No.() _____

Sub-Contractor's Lic. No.: _____ DIR Registration No.: _____ Tax ID: _____

E-mail address: _____

DIR Classification of workers to be utilized: _____