SW



SUBCONTRACTOR WORKSHEET Westlake Building Department

Job Name/Address:	
General Contractor:	Phone Number:
MECHANICAL Company Name/Qualifier:	
Phone Number:	State License Number:
ELECTRICAL Company Name/Qualifier:	
Phone Number:	_State License Number:
PLUMBING Company Name/Qualifier:	
Phone Number:	_State License Number:
GAS Company Name/Qualifier:	
Phone Number:	_State License Number:
ROOFING Company Name/Qualifier:	
Phone Number:	_State License Number:
OTHER Company Name/Qualifier:	
Phone Number:	_State License Number:
I hereby certify that the subcontractors listed above have entered into an agreement with me/my company to perform the work as stated in the construction documents and that all information above is true and correct to the best of my knowledge.	
GENERAL CONTRACTOR QUALIFIER SIGNATURE	
STATE OF, COUNTY OF	
SWORN OR AFFIRMED BEFORE ME THIS (DAY) _	OF (MONTH), (YEAR)
BY	(NAME OF PERSON MAKING STATEMENT),
WHO IS PERSONALLY KNOWN OR PRODU	JCED IDENTIFICATION (TYPE)
SIGNATURE OF NOTARY PUBLIC:	
STAMP OR SEAL:	