WORK TYPE REQUEST & REFERENCE FORM

WORK TYPE REQUESTED: **Number** *(from pages 6-10)* _____
Description _____

Verifiable knowledge and experience of having satisfactorily performed this work type or having on person who has verifiable knowledge and experience of being in charge of the work is required. The knowledge and experience must be documented for this work type request to be granted.

WORK TYPE REQUEST IS BASED UPON (Select One):
_____ Knowledge and experience of this construction company, or
_____ Key construction staff who gained the necessary knowledge and experience while employed with another organization.

PROJECT NAME: _____

PROJECT OWNER (State or Local Gov't. or Private Developer): _____
_____

PROJECT OWNER CONTACT PERSON & PHONE NUMBER: _____

YEAR WORK PERFORMED: _____

DESCRIPTION OF WORK PERFORMED (as it relates to and meets the minimum skill requirements for this work type): _____
_____
_____
_____
_____
_____
_____
_____

WORK WAS PERFORMED AS: _____ **Prime Contractor**
_____ **Subcontractor**

NAME OF KEY CONSTRUCTION PERSON ON SITE: _____
Key construction personnel are on site persons in responsible charge of the work having direct supervision of the contractor's workforce and subcontractors. Do not list project owner or other company employees.

Is this person still employed by your organization? **YES** ☐ **NO** ☐

LIST OF SUPPORTING INFORMATION ATTACHED:
_____
_____
_____
_____