

# PAINTERS' DISTRICT COUNCIL NO. 14 SUBCONTRACTOR REPORTING FORM

**THIS FORM MUST BE SUBMITTED TO DISTRICT COUNCIL NO. 14 OFFICES PRIOR TO THE COMMENCEMENT OF ANY SUBCONTRACTED WORK. FAILURE TO DO SO MAY RESULT IN A FINE BEING LEVIED AGAINST THE PRIME CONTRACTOR BY THE JOINT TRADE BOARD AS PROVIDED IN THE CURRENT CONTRACT AGREEMENT.**

**Prime Contractor Information:** Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone/Fax \_\_\_\_\_/  
 Contact Name \_\_\_\_\_

**Subcontractor Information:** Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone/Fax \_\_\_\_\_/  
 Contact Name \_\_\_\_\_

**Project Information:** Job Title/Name \_\_\_\_\_  
 Address/Location \_\_\_\_\_  
 Dollar Amount of Subcontractor Work \_\_\_\_\_

**PROVIDE BELOW A DESCRIPTION/QUANTITIES OF THE WORK TO BE DONE BY SUBCONTRACTOR (i.e. square footage & no. of coats of surface to paint, yardage or rolls of wallcoverings to install, number of door or window openings, number of identifiable objects included in the subcontracted work, etc.)**


**PROVIDE BELOW A LIST OF THE SUBCONTRACTOR EMPLOYEES THAT WILL BE PERFORMING THIS WORK (including name, address and social security number)**

NAME	ADDRESS	SOCIAL SECURITY NO.