



NEW CONTRACTOR INFORMATION FORM

Contractor Information

- Full Name: _____
- Date of Birth: ____/____/____
- Social Security Number (SSN) / Tax ID: _____
- Company Name (if applicable): _____
- Business Entity Type: ☐ Sole Proprietor ☐ LLC ☐ Corporation ☐ Other: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: (____) -____
- Email Address: _____

Payment & Tax Information

- **Payment Terms:** ☐ Hourly ☐ Fixed Rate ☐ Per Project ☐ Other: _____
- **Invoice Submission Frequency:** ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other: _____
- Bank Name (For Direct Deposit): _____
- Routing Number: _____
- Account Number: _____
- Account Type: ☐ Checking ☐ Savings
- Tax Form Submitted: ☐ W-9 (Required for U.S. Contractors) ☐ 1099 Eligible

Confidentiality & Compliance

- Non-Disclosure Agreement (NDA) Signed: ☐ Yes ☐ No
- Inspector Contractor Agreement Completed: ☐ Yes ☐ No ☐ Not Applicable

Acknowledgment & Signature

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that as an independent contractor, I am responsible for my own taxes, insurance, and benefits.

Contractor Signature: _____ Date: ____/____/____

Authorized Representative: _____ Date: ____/____/____

Admin Use Only

Contract Details

- Contract Start Date: _____
- Contract End Date: _____
- Contract Type: ☐ Independent Contractor ☐ Freelancer ☐ Consultant ☐ Other: _____
- Work Location: ☐ Remote ☐ On-Site ☐ Hybrid
- Supervisor / Point of Contact: _____