

GENERAL SERVICES AGENCY  
**OFFICE OF LABOR STANDARDS ENFORCEMENT**  
 PATRICK MULLIGAN, DIRECTOR



## CITYWIDE PLA CRAFT ASSIGNMENT FORM

PROJECT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_ AWARDING BODY: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

PRINCIPAL OFFICE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROJECT CONTACT INFORMATION: \_\_\_\_\_

MEMBER OF ASSOCIATION (IF APPLICABLE): \_\_\_\_\_

NAME OF PRIME CONTRACTOR (IF APPLICABLE): \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTRACT VALUE: \_\_\_\_\_

UNION(S) SIGNATORY TO: \_\_\_\_\_

Start Date:

End Date:

### FOR EACH SCOPE OF WORK PROVIDE THE FOLLOWING INFORMATION:

WORK DESCRIPTION:	
VALUE:	
CRAFT DESIGNATION/UNION:	
ESTIMATED CRAFT HOURS:	
NUMBER OF WORKERS:	
START DATE:	
EQUIPMENT:	

**PROVIDE THE FOLLOWING INFORMATION FOR EACH SUBCONTRACTOR**  
(ATTACH ADDITIONAL PAGES IF NECESSARY):

CONTRACTOR NAME:	
PRIMARY CONTACT:	
ADDRESS:	
PHONE:	
E-MAIL:	
UNION(S) SIGNATORY TO:	
PUBLIC WORKS CONTRACTOR REGISTRATION NUMBER:	
WORK DESCRIPTION:	
VALUE:	
CRAFT DESIGNATION/UNION:	
ESTIMATED CRAFT HOURS:	
NUMBER OF WORKERS:	
START DATE:	