

Job Location \_\_\_\_\_  
Address City State Zip County

Job Name \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Insulation Contractors Name and Job No. \_\_\_\_\_  
No. of Mechanics \_\_\_\_\_ No. of HazMats \_\_\_\_\_

General Contractors Name \_\_\_\_\_

Mechanical Contractors Name \_\_\_\_\_

Foreman's Name \_\_\_\_\_

New Work \_\_\_\_\_ Renovation \_\_\_\_\_ If so, location: \_\_\_\_\_

<b>Prevailing Wage:</b> Yes _____ No _____ If yes, please check below: Federal _____ State _____
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<b>Work Performed:</b> Insulation _____ Fire Protection of Ducts _____ Metal _____ Gauge _____ (Please check all that apply) Firestopping _____ Asbestos Removal _____ Lead Removal _____ Mold _____ Other _____
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<b>Office Use Only</b> Estimated Project Value _____ Peak Week _____ Estimated Subcontractor Value _____ Peak No. of Mechanics _____
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PLEASE RETURN TO:  
Phone: (301) 725-2400 Fax: (301) 725-0804 Email: Local24@insulators24.org  
901 MONTGOMERY STREET, LAUREL, MD 20707