



## Capitol Light Maintenance

### SUB CONTRACTOR DATA APPLICATION

Please fill-out the rate schedule for each category listed below. You will qualify to work with CLM based on the quality of work as well as your rates.

Hourly Rates @ Site            Mechanic: \$ \_\_\_\_\_            Helper: \$ \_\_\_\_\_

O.T. Rates @ Site            Mechanic: \$ \_\_\_\_\_            Helper: \$ \_\_\_\_\_

Emergency Rates            Mechanic: \$ \_\_\_\_\_            Helper: \$ \_\_\_\_\_

Travel Time: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_            Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_            City: \_\_\_\_\_            State: \_\_\_\_\_            Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_            Emergency: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_            Pager: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_            Fax: (Required) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN# or FED ID#: \_\_\_\_\_            Primary Service Person: \_\_\_\_\_

Years in Business: \_\_\_\_\_            License Numbers: \_\_\_\_\_

Number of Licensed Electricians: \_\_\_\_\_

Number of Lighting Electricians: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Overtime Hours of Operation: \_\_\_\_\_

Distance Willing to Travel: \_\_\_\_\_ Miles