

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Contractor Information Memo

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**MZA Job #:** \_\_\_\_\_ **DOB#** \_\_\_\_\_

**Project Location:**

( This should be the signer of the Permit Applications )

First Name, Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

\*Company: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Employer ID/Tax Number:** \_\_\_\_\_

**Tracking/License Number:** \_\_\_\_\_ **HIC License Number:** \_\_\_\_\_

*Please note the NYC-DOB Job # \_\_\_\_\_ of the last or most recent permit issued to your Firm by the NYC-DOB.*

*This will inform us/you of the duration of your new permit or whether you need to renew Insurance Certificates to update your NYC-DOB issued Tracking #.*

**Workers Compensation Insurance Certificate Form # C-105.02**

Workman Compensation Ins. Co. Name: \_\_\_\_\_

Workman Compensation Insurance Policy #: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**Disability Benefits Insurance Certificate Form # DB-120.1**

*\* Please note if your company has a dual or DBA Name..*

**Note:**

*You cannot work without a permit. Substantial fines will be imposed if you receive a violation for working without a permit. You must wait until a permit is obtained and posted at the job site prior to starting work.*