

INDEPENDENT CONTRACTOR FORM

Form Instructions

- This form must be completed by the Contractor
- Attach a certified copy of your Fictitious Business Name statement from your County Recorder
- Attach a copy of your Certificate of Insurance if you have a workers' compensation policy or complete the Sole Proprietors Form if not
- References must have received services from you within the last twelve months
- This form must be signed

Contractor Information

Applicant First Name		Applicant Last Name	
Trade Business Name		Date Formed	Fed Tax ID # or SSN
<input type="checkbox"/> Sole Prop <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Phone Number		Fax Number	
Email Address		Website <i>(if any)</i>	
Physical Address		City	State Zip Code
Mailing Address		City	State Zip Code
Do you have a current workers' compensation policy? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you advertise? <input type="checkbox"/> YES <input type="checkbox"/> NO	No. Employees	No. Subcontractors	% of Co. Owned by You
What type of work do you do?			

INDEPENDENT CONTRACTOR FORM *(cont.)*

Your References

Reference #1 Name	Phone Number
Describe services:	
Reference #2 Name	Phone Number
Describe services:	
Reference #3 Name	Phone Number
Describe services:	

Contractor Signature

Your Signature	Date
Business Name	Your Title

PLEASE RETURN COMPLETED FORM TO GRG MANAGEMENT

P.O. Box 1186, Carlsbad, CA 92018 • 3088 Pio Pico Drive, Suite 200, Carlsbad, CA 92008