

Labor Management Compliance Council 501 Shatto Place, Suite 260, Los Angeles, CA 90020 Phone No.: (213)-385-LMCC (5622)

Please complete all fields and email to emily@socallmcc.org, monika@socallmcc.org, or mariap@socallmcc.org

PROJECT REFERRAL FORM

Referral Da	ite:			Referre	d By:				A	gency:			
Project Name:									<u>'</u>	DIR	#:		
Project Loc	ation:									.			
Reason for Referra		al: Misclassification			Apprenticeship			Skilled & Trained Workforce					230.1
Other:		•											
				OWNE	R / AW	ARDING	G AGEN	CY					
Contact Per	rson:												
Agency Nar	me:												
Address:													
Phone #:													
GENERAL CONTRACTOR / CONSTRUCTION MANAGER													
Name:													
Address:						Γ		T					
Phone #:	License # & Class:												
			SU	B-CONT	RACT	OR(S) (to							
Plumber:							License						
Fire Sprinkler:		License/Craft:						it:					
HVAC:		License/Craft:											
Landscape:			License/Craft:										
Site Utilities:		License/Craft:											
NOTES:													