Labor Management Compliance Council

501 Shatto Place, Suite 260, Los Angeles, CA 90020

Phone Number: (213) 385-5622

Please complete all fields and email the form to both **briana@socallmcc.org** and **monika@socallmcc.org**

PROJECT REFERRAL FORM

Referral Date:		**Referred By:**		**Agency:**	
Project Name:				**DIR #:**	
Project Location:					
Reason for Referral:	☐ Misclassification	☐ Apprenticeship	☐ Skilled & Trained Workforce	☐ 230.1	
☐ Other:					

OWNER / AWARDING AGENCY

Contact Person:	
Agency Name:	
Address:	
Phone #:	

GENERAL CONTRACTOR / CONSTRUCTION MANAGER

Name:			
Address:			
Phone #:		**License # & Class:**	

SUB-CONTRACTOR(S) (to be monitored)

Plumber:		**License/Craft:**	
Fire Sprinkler:		**License/Craft:**	
HVAC:		**License/Craft:**	
Landscape:		**License/Craft:**	
Site Utilities:		**License/Craft:**	

NOTES: