

**WASHINGTON & NORTHERN IDAHO DISTRICT COUNCIL OF LABORERS  
 WORK RECOVERY PROGRAM CONTRACTOR REQUEST FORM  
 \*\*\*\*\*Fax to (425) 741-2787 OR e-mail: marketrecovery@nwlaborers.org\*\*\*\*\*  
 PLEASE NOTE: Sections 1, 2 and 3 of this form must be filled out COMPLETELY.  
Any missing information is grounds for immediate rejection.**

**Section 1:**

Requested By (Name & Address of Contractor): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name & Address of Project: \_\_\_\_\_

Type of Work and Description of Project: \_\_\_\_\_

Scheduled Bid Date: \_\_\_\_\_ Time: \_\_\_\_\_ Est. Start Date: \_\_\_\_\_ Est. Finish: \_\_\_\_\_ Est. Amt. Of Project: \_\_\_\_\_

Project Owner's Name and Address: \_\_\_\_\_

Bid Submitted To: Owner: \_\_\_\_\_ General Contractor(s): \_\_\_\_\_ Name(s): \_\_\_\_\_

Est. # of Laborer hours: \_\_\_\_\_ (Include apprentice, laborer foremen and all laborer hours worked by fully signatory subcontractors on the project.)

**Section 2:**

Will you have any other crafts performing work on this project? YES \_\_\_\_\_ NO \_\_\_\_\_ (if no, skip to Section 3)

List craft(s) and estimated # of hours per craft: \_\_\_\_\_  
 \_\_\_\_\_

Have you requested Work Recovery or a reduced wage rate from other crafts? YES \_\_\_\_\_ NO \_\_\_\_\_

List the crafts and all subsidy/wage reduction information: \_\_\_\_\_  
 \_\_\_\_\_

PLEASE NOTE – lack of subsidy/wage reduction participation by other crafts may result in a denial of this request.

**Section 3:**

**List of Known Union Bidders**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List of Known Non-Union Bidders**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If additional space is needed, please include another sheet  
 ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

**\*\*\*To Be Completed By Local Union\*\*\***

Are other crafts granting assistance on the project? No \_\_\_\_\_ Yes \_\_\_\_\_ Please list (include craft, hour/dollar amount, and any other information available): \_\_\_\_\_  
 \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Local Union \_\_\_\_\_  
 (Local Union Business Manager/Representative)

Recommendation: Target? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, amount: \_\_\_\_\_ per hour times \_\_\_\_\_ hours

**FOR DISTRICT COUNCIL USE ONLY**

APPROVED BY: \_\_\_\_\_

FAXED TO: \_\_\_\_\_

REJECTED FOR: \_\_\_\_\_

DATE: \_\_\_\_\_