Tulsa Window Outfitters & Consulting

"Staffing Solutions for the Glazing Industry"

CONTRACT FOR: Project Contract PROJECT INFORMATION **CONTRACT INFORMATION** Project Name: _____ **Davis-Bacon Project:** YES NO Prevailing Wage Amount: \$_ Project Address: **Enrolled Workers Comp:** YES NO Primary Contact: **Insurance Program Req:** YES NO OCIP Primary #: Select All That Apply: CCIP **ROCIP** Primary Email: _____ Ins Program Req. If Other: ___ Total Labor Needed: Start Date: SAFETY REQUIREMENTS OSHA: YES NO Anticipated Completion Date: General Contractor: _____ If OSHA Reg: 10 30 Address: _____ Drug Test Req.: YES NO Background Check Reg: YES NO Gen Contractor Phone: Other: Project Owner: _____ Address: PROJECT CONTACTS Project Description: Superintendent Name: Superintendent Phone: _____ Project Manager: _____ Project Manager #: _____ THIS PROJECT CONTRACT IS BETWEEN CONTRACTOR: Tulsa Window Outfitters & Consulting LLC GLASS CONTRACTOR: ______ ADDRESS: _______ ADDRESS: 366280 E 5600 Rd Terlton, OK 74081 CONTACT: CONTACT: Ty Clem

PHONE No: 918.404.0145

EMAIL: tyclem@windowoutfittersandconsulting.com

CELL No: 918.404.0145

PHONE No: ____

CELL No: _____

EMAIL:

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PROJECT SYSTEMS BEING INSTALLED:

All Glass Partitions	Glazing	Shower Doors	Canopies
Curtain Wall	Door Hardware	Handrails	Hollow Metal Frames
Louver	Mirrors	Panels	Skylights
Storefronts	Door Entrances	Sunshades	Residential Windows
Commercial Windows	Brake Metal	Caulking	Vents
Other: ()	Other: ()	Other: ()	Other: ()
Other: ()	Other: ()	Other: (Other: (

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EQUIPMENT CERTIFICATIONS REQUIRED :		

We will provide the Names of the Independent Subcontractor Crew Leader, Journeymen and where they are traveling from once the contract is filled out and the project is near start date.

TYPE OF PPE REQUIRED: (Check All the Apply)

Hard Hat		Safety Glasses	Boots	Safety Vest
Harness		Back Brace	Gloves	Other: ()
Other: ()	Other: (Other: (Other: ()