

REQUEST FOR LMAC TRAINING CLASS

Business Name: _____

Employer Identification Number or Tax I.D.: _____ DUNS Number: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: (_____) _____ Business Fax: (_____) _____

Website Address: _____ Email Address: _____

Accounting Package (used for payroll): _____

List name and email address of each person for whom request is being made (copy this form if needed):

Name: _____

Email Address: _____

Is this person responsible for payroll administration?: Yes No

Name: _____

Email Address: _____

Is this person responsible for payroll administration?: Yes No

Identify Project(s) your firm will use LMAC for and your role (i.e. GC or Sub):

In order to verify the accuracy of business information being entered into LMAC, please provide a copy of IRS Form Letter 147c, SS-4 or a W-9 (Request for Taxpayer Identification Number and Certification). Please forward either form with this Request to LMUMonitoring@hpd.nyc.gov.

Name of Authorized Representative/Owner of Firm:

Print Name: _____ Title: _____

Signature: _____ Date: _____