Contractor Update Form

Contractor Name: _____

Street Address: _____

City: _____ State: _____Zip: _____

Main Contact Name: _____

Main Phone 1: _____

Main Phone 2: _____

Main Fax 1: _____

Main Fax 2: _____

Main Email 1: _____

Main Email 2: _____

Please fill out the designated person you would like to assign for following correspondence:

(You are welcome to list more than one person in a category if you wish to.)

	Contact Name:	Contact Email:
General Apprenticeship Info		
Day School Billing		
Apprentice Raises		
Referral Slips		
Job Evaluation Monthly Emails		
Manpower		

Please allow 1-2 weeks for the METI office to update this information.