

## **Professional Services Pre-Job Conference Form**

In accordance with PLA Article 16, each Contractor is required to conduct a Pre-Job Conference with the Unions not later than ten (10) calendar days prior to commencing work.

Prime Consultant Information						
Prime Consultant Name:						
Address:						
Phone:						
Email:		Fax:				
License Number:						
PLA Pre Job Conference Meeting Information						
Date & Time:		Location:				
General Information						
As-Needed Services: (Yes or No)		f Yes, list Task Order Number:				
Contract No:		Contract (or Task) Award Amount:				
Estimated Start Date:	Estimated End Date:					
Contract Name:						
	Jobsite Sch	eduling Information				
Number of Shifts:		Start / Stop Times:				
Pay Day:		Ending Day of Pay Period:				
Heavy Equipment to Be	Utilized on Job	Craft/Contractor				
	Project Craft	<b>Workforce Estimate</b>				
Craft		Workforce needed for Project				
Sample: Widget Installer		5				
	Contractor Jurisdic	ctional Work Assignme	nts			
As required by PLA Article 8, the assignmen		sibility of the contractor performing the Disputes in the Construction Industry				
		et shall be settled in accordance with	• • • •	any successor plan.		
7111)		I Work Assignments	1 LY (Tallolo o			
Curiodictional Work Addignification						
Contractor name & Sub to	Scope of Work	<u>Union OR</u> <u>Non-Union</u>	DBE or	Union Work Assignment (Local		
	<u>ocope or work</u>		Non DBE	<u>#)</u>		
SAMPLE: ABC	Widget Installation	Union	DBE	Widget Union Local 1234		
Contractor / Prime Contractor						
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Contractor name	Scope of Work	<u>Union OR</u> <u>Non-Union</u>	<u>DBE or</u> <u>Non DBE</u>	<u>Union Work Assignment (Local</u> <u>#)</u>

Subcontractor Information – Co	mplete or Attach Subcontractor Listing
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number:
Subcontractor Name:	
Type/Scope of Work:	
Address:	
Estimated Start Date:	Estimated End Date:
Contact Person:	Phone:
Email:	Contractor License Number: