

Instructions for Web form PWC 100.

The "From" Field:

Proper name of awarding body

Full mailing address of awarding body

A. Awarding Agency ID Number assigned to you by DAS/DIR when you register

1. Business name of general contractor
2. Contractor's license number from CSLB
3. Business address of general contractor
4. City
5. Zip code
6. Business phone number
7. General contractor's email address
8. Actual location of the project. If there is no street address, include directions (3.5 miles north of ...). If more than one location please state all locations.
- 8 a. County (if multiple counties, the one with the most work.)
9. Name of the project
10. Contract number
11. Project number
12. Actual dollar amount of contract award
 - a. Estimated total project costs. Includes the gross amount of every public works contract involved in this project, but does not include amounts paid for land acquisition or for internal costs or contracts that are not for public works (as defined by sections 1720 and following the Labor Code).
13. First advertised bid date
14. Date contract was awarded
15. Choose from drop down list the statute that applies (or select NONE apply).
16. For each state bond, enter the Source and Amount.
17. A DIR-approved LCP means one that has been approved and is being operated in accordance with 8 CCR sections 16421 – 16439.
18. A PLA is a collective bargaining agreement that binds all contractor and subcontractors performing work on the project and includes a mechanism for resolving disputes about the payment of wages. If the answer is Yes, please transmit a copy of the PLA as indicated.
19. Estimated or Actual start date.
20. Estimated or Actual completion date.
21. Briefly describe the work to be done. Ex. Build a new utility building or Remodel existing library
22. Choose from the list of three different possibilities.

23. Drop down list. Use control key to choose more than one.
24. Choose Y = yes, N = no. If you have questions please contact DIR at cmu@dir.ca.gov
25. Log-on email serves as signature
26. Job title
27. Date the form is filled
28. Printed name of person signing
29. Email address for person signing
30. Phone number of person filling form
31. Should be person with authority over the LCP or principal contact person for CMU.
32. Title of person in 31
33. Email address of person named in 31
34. Telephone number of person in 31
35. List all subcontractors license number and name and the classification of workers they are providing at the time of the contract signing.