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ENTEK
RAISING EXPECTATIONS. KEEPING THEM THERE.

SkillSmart Enrollment - Certified Payroll Setup Form

*Please complete the form in its **entirety** for your firm to be added to SkillSmart*

Project Name:		
Company Name:		
Company Address:		
City:	State:	Zip Code:
Tax ID#:	Contract Value:	
Applicable Wage Determination:	**General Decision Number – IN20240003 (Vigo County)** https://sam.gov/wage-determination/IN20240003/0	
Modification Number & Publication Date:		
Occupational/Labor Categories Request:	*i.e., CARP0088-001 10/1/2023 Carpenters, ELEC0725-003 10/1/2022 Electrician, ENGI0841-001 4/1/2023 Power Equipment Operators, etc.* 1. 2. 3. 4. 5.	
Company Phone:		
Contractor License No.: *If different from Company Phone*		
Mobilization (start) Date:		
Diversity Certification (M/W/DBE if applicable):		
Certifying Agency (M/W/DBE if applicable):		
Subcontractor to:		
Please provide information for the person that will be responsible for reporting payroll/wage information into SkillSmart:		
Full Name:		
Phone:		
Email:		

Thank you for your assistance! Please return this form **ASAP** to ENTEK, Attention: Rhiannon Cruse (Rhiannon.cruse@entek.com) and Lauren Staite (lauren.staite@entek.com).

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