



**COLORADO**

Department of  
Transportation



## LCPtracker Enrollment Form

Enter the information requested below, save, and return the document via email to your contractor.  
If the prime contractor on the project, email this form to [cdot\\_lpctracker\\_support@state.co.us](mailto:cdot_lpctracker_support@state.co.us)

**Project # C**

### Contractor Information

Company Name (Contractor)\*

Federal Tax ID Number \*

CURRENT LCPtracker ID\* If no current LCPtracker ID, enter 10 digit phone number

Contractor License (to display on certified payroll) Contractor License Expiration Date

Insurance Certificate Number Specialty License Number Local Business (City) License

Motor Carrier Permit Number Worker's Compensation Policy Number

Union Status \* Section 3 Business  
Non Construction Contractor

Ethnicity \* Type of Trade

Principal Name Principal Title

Contact Name \*

Phone Number \* Contact Fax

Contact E-Mail \* (Login information will be sent to this email address)

Address 1 \* Address 2

City \* State \* ZIP Code \*

### Business Certifications

Certification	Certifying Agency	Issued Date	Expiration Date
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Notes