

**Mason Contractors Association, Inc
Bricklayers And Allied Creftsmen Local #1
And
Laborers-employers Cooperation And Education Trust**

Quality Control Consultant Request

Date _____

Contractors Name _____

Contact and Phone No. _____

Job Information

Job Name _____

Lacation _____

Start Date _____

General Contractor _____

Contact _____

Subcontractor _____

Contact _____

Contractors must complete and fax this request to the Mason Contractors Association office at
522-7435 for requesting time allication for the Quality Control Consultant

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