

**- ACKNOWLEDGEMENT OF RECEIPT -  
SUBCONTRACTOR INFORMATION PACKAGE**

This Acknowledgement of Receipt is to be returned along with a filled-in and signed Safety Program Form, SF1413 (Statement and Acknowledgement), W-9 (only needed if new subcontractor or changes required), Certificate(s) of Insurance, current EMR, DART Rate Letter, Baseline Schedule of Values and a copy of a signed and initialed Subcontract Agreement. We will return one fully-executed Subcontract Agreement to you once all required documents are received and approved.

Your signature below also indicates that you have received, read and understand the contents of this package and will comply with the subcontract agreement. Please fill out the POC information below.

**Return all information to:**            **CYE Enterprises Inc.**  
**Attn: Anna Rodgers**  
**76 S. Laura Street, Suite 301**  
**Jacksonville, FL 32202**  
arodgers@cyeinc.com  
904-647-2056 (FAX)

**PROJECT:**

**SUBCONTRACTOR:**

**POC INFO:** (Please provide assigned personnel for this project, if available)

Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Onsite Foreman: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certified Payroll: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
Signature: Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title