## **Consultant/Contractor Account Application**

Please complete all information below:				
First Name		Middle Initial		Last Name
Last two numbers of your SS#		Email Addres	SS	
	Compa	ny Name		-
Company Address				-
City	County	State	Zip Code	
	Office F	Phone Number		
Is this a pre	evious WV state	employee or a	previous contracto	or/vendor?
No, not a	a previous WV s	tate employee	or contractor	
Yes, a pı	revious WV state	e employee		
Yes, a pi	revious contract	or/vendor		
Access need				
Construction Inspection			aterials Samples /	Testing
Civil Ria	hts & Labor Cor	npliance		

Please return this form to DOHAASHTOWare@wv.gov.