



IGC Protection Inc.
423 Waldron Road
La Vergne TN 37086
Phone: 844-361-0154

SUBCONTRACTOR Information Sheet

YOUR NAME:

Last

First

Middle

YOUR PHONE:

SOCIAL SECURITY NUMBER or TAX ID:

EMERGENCY PHONE:

E-MAIL:

CURRENT ADDRESS:

MILITARY SERVICE:

Yes

No

Duty/Specialized Training:

Tennessee Security License
Number and Expiration:

Department and Rank
(Law Enforcement Only):

LIST THREE REFERENCES

Name

Telephone:

Email

_____ I understand that as a Subcontractor for IGCP Traffic Management Inc. Health Insurance, Vacation, Sick time and Retirement benefits are not provided.

_____ I certify that all answers given herein are true and completed to the best of my knowledge.

Signature: _____

Date: _____

Law Enforcement ONLY

I _____ affirm that I am a Law Enforcement or Retired Law Enforcement Officer in the State of Tennessee and understand that by falsifying this statement is Criminal impersonation TCA 39-16-301. I also understand that I am being hired as an Off Duty or Retired Law Enforcement Officer. (If you are an active LEO) I affirm my employing Law Enforcement Agency is aware and has granted me authorization to work security or traffic control details outside of my primary Jurisdiction. If my employment as a law Enforcement Officers ends I will notify IGCP Traffic Management Inc. 24 hours before my schedule shift to contract for IGCP Traffic Management.

Signature: _____

Date: _____

Please attach the following information with this form:
(Photocopy of Driver License and Hand Gun Permit, Department ID, Security License, W-9)