

# Coastal Protection & Restoration Authority

## New Contractor Form

1. Start Date: \_\_\_\_\_ (must be after Executive Director signs)
2. Contractor's Full Name: \_\_\_\_\_
3. Contractor's Email Address: \_\_\_\_\_
4. Company Name: \_\_\_\_\_
5. Company Address: \_\_\_\_\_
6. Company Phone Number: \_\_\_\_\_
7. CPRA Supervisor's Information:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Division: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Gender:  Male  Female
9. DOB (mm/dd/yyyy): \_\_\_\_\_
10. Race:  
 White  American Indian/Alaskan Native  
 Native Hawaiian or other Pacific Islander  Asian  
 Black or African American  Other
11. Ethnic Origin:  Hispanic or Latino  Non-Hispanic or Non-Latino
12. Purpose of work to be performed by Contractor:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Duration Period Expected to Perform Work (the options are 1 month, 3 months, six months, or other):  
 a. If "other," please provide justification:  
 \_\_\_\_\_
14. State email address/Computer access needed:  Yes  No
15. LaGov access needed:  Yes  No (Please email HR specific rights that Contractor will need)
16. Building access card needed:  Yes  No (Must complete additional paperwork with HR and be a full-time 40 hour per week contractor)
17. CPRA Parking Tag needed:  Yes  No (Must complete additional paperwork with HR)
18. Is the Contractor housed at CPRA? If so, what office/cube number? \_\_\_\_\_

**Authorized by:**

\_\_\_\_\_  
**CPRA Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Executive Director**

\_\_\_\_\_  
**Date**