

Plaxco Staffing LLC

Workers' Compensation Certificate Request

Client Information:

Client: _____

Contact: _____

Telephone #: _____ Fax #: _____

Contractor / Certificate holder Information:

Company Name: _____

Attn: _____

Street Address: _____

City, State, Zip _____

Fax #: _____

Project Information: _____

Special Notes: _____

Is a Waiver of Subrogation required? ___Yes ___No

Important: Please print clearly or type the required data to ensure proper processing.

Upon completion, fax this form to (704) 909-2701



301 McCullough Dr, Suite 400
Charlotte, NC 28262
Ph: (704)909-2863 Fax: (704)909-2701