

**SUCF ELECTRONIC PAYMENT SYSTEM / CONTRACT MANAGEMENT REPORTING (CMR)  
CONTRACTOR or CONSULTANT ACCESS REQUEST FORM**

Please provide the following data for access to the SUCF Electronic Contractor Payment System:

*(Check One Box)*

For New Contract

For Updating Current Contract Information

SUCF Project #

Contract #

Project Title:

SUCF Project Coordinator:

Contractor/Consultant Information:  Contractor  Design Consultant  
*(Check One Box)*  CM Consultant  Site Representative  
 Commissioning Agent  Program Study  
 Other \_\_\_\_\_

Company Name:

Contact Name:

(Note: For accessing your Contract, this should be the name of the person who will be responsible for submitting applications for the project referenced above.

For viewing/reviewing a related Contract, this should be the name of the person who will be responsible for reviewing/approving applications for the project referenced above.

Contact E-Mail Address:

Contact Telephone #

Access Requested:

New Contractor/Consultant CMR Access

Add Contract to Existing CMR Contractor/Consultant Access

All questions should be directed to your SUCF Project Coordinator.