

# Flying Fingers

## Transcription Services

927 W. Olive Avenue, Suite B, Burbank, CA 91506

Ph: (818) 557-0580 Fax: (818) 557-0590

[renee@flyingfingerstranscripts.com](mailto:renee@flyingfingerstranscripts.com)

### Subcontractor Application

#### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Pager \_\_\_\_\_

Social Security / Tax ID \_\_\_\_\_

#### Experience

Typing Speed \_\_\_\_\_ WPM Years Transcribing \_\_\_\_\_

What types of transcription have you done: Medical \_\_\_\_\_ Legal \_\_\_\_\_ Entertainment \_\_\_\_\_

Corporate \_\_\_\_\_ Continuity/ As Broadcast \_\_\_\_\_ Other \_\_\_\_\_

#### Equipment

Micro Dictaphone \_\_\_\_\_ Standard Dictaphone \_\_\_\_\_ Ability to Dub \_\_\_\_\_

Digital Software \_\_\_\_\_ DSL/Cable \_\_\_\_\_ Other \_\_\_\_\_

#### Availability

Days \_\_\_\_\_ Eves \_\_\_\_\_ Weekends \_\_\_\_\_ Any \_\_\_\_\_ Can start \_\_\_\_\_

#### References

Please list business references. Someone we can contact to verify your work habits.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*I understand upon acceptance of my services I will need to complete a W9 and Independent Contractor Agreement form, at which time I will be set-up as a subcontractor working on a per project basis. The foregoing is true to the best of my knowledge.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name & Date