



CONTRACTOR REGISTRATION

PERSONAL INFORMATION:

Name _____ Registration Date _____
Home Mailing Address _____
City _____ State _____ Zip Code _____ D.O.B. _____
Home Phone _____ Cell Phone _____
Email Address _____
Driver's License Number _____ Expiration Date _____ *(Please attach copy)*

EMPLOYED BY (or D.B.A.):

Company Name _____
Company Mailing Address _____
Suite _____ City _____ State _____ Zip Code _____
Business Phone _____ Fax Number _____

TYPE OF REGISTRATION APPLYING FOR:

License # _____ License Expiration Date _____ *(Please attach copy)*

TYPE OF LICENSE	_____ Back Flow Tester	_____ Electrical	_____ General
_____ Irrigation	_____ Home Builder	_____ Mechanical	_____ Plumbing
_____ Any Other Trade Not Listed: _____			
_____ Inspector	_____ Master	_____ Journeyman	_____ Apprentice

THE FOLLOWING MUST ACCOMPANY THIS REGISTRATION FORM:

Completed Application, Copies of Driver's License; and State Issued Trade License. There is not a registration fee to pay for any trades.