

**CONTRACTOR REGISTRATION APPLICATION**

Application is for (check all that apply): **FEE: \$150 per trade, \$100 each additional trade.**

**General Contractor** --- *What is your speciality type of work?* \_\_\_\_\_  
*(LIST ONLY ONE)*

**Electrician** *Note: Registration application for specific trades must be*  
 **Plumber** *accompanied by a State License for that trade.*

**HVAC**  
 **Hydronics**

**Refrigeration** **TYPE OR PRINT ALL INFORMATION**

**Fire Suppression/Alarms**

**CONTRACTOR BUSINESS NAME:** \_\_\_\_\_

**BUSINESS OWNER'S NAME:** \_\_\_\_\_  
 (If corporation or partnership, list all other officers or partners on reverse.)

**BUSINESS ADDRESS:** \_\_\_\_\_  
 (street number)  
 \_\_\_\_\_  
 (city, state, zip)

**BUSINESS TELEPHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **PAGER:** \_\_\_\_\_

Is this an Answering or Secretarial Service #? YES  NO

**BUSINESS OWNER'S HOME ADDRESS (if different from above):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS OWNER'S HOME TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PRINCIPAL'S OR SOLE PROPRIETOR'S S.S. #** \_\_\_\_\_

**TAX I.D. NUMBER:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**OTHER PERSONS AUTHORIZED TO OBTAIN PERMITS IN APPLICANT'S NAME:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**BOND EXPIRATION** **INSURANCE EXPIRATION**  
**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STATE LICENSED?** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES-LICENSE #** \_\_\_\_\_ **EXPIRE DATE** \_\_\_\_\_

I hereby affirm the above information is accurate and correct under penalty of law.

\_\_\_\_\_  
 Signature of Applicant / Print Name / Date

\*\*\*\*\*  
 \*\* [OFFICE USE ONLY]\*\*

DATE RECEIVED

FEE PAID:\$ \_\_\_\_\_ {CHECK# \_\_\_\_\_ or CASH}

REGISTRATION # \_\_\_\_\_

(OFFICE USE ONLY)  
 CONTRACTOR \_\_\_\_\_

OTHER OFFICERS OR PARTNERS; NAMES/HOME ADDRESSES/TELEPHONE #

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

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HOME ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

TELEPHONE NUMBER: \_\_\_\_\_