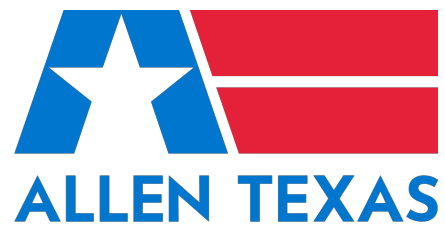


Contractor Registration Application



Business Information:		
Business Name:		DBA:
Business Address:		Office #:
City/State:	Zip:	Fax #:
E-mail Address:		
Owner of Business (if other than Contractor) contact information:		
Contractor Information		
Name:		State, Trade or Master License # (if applicable):
Address:		License Exp. Date:
City/State/Zip:		Phone #:
Email:		Fax #:
➡ COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE AND TRADE LICENSE ARE REQUIRED ⬅		
Contractor Classification:		
Backflow Tester: ☐ (General) ☐ (Fire) Electrician: ☐ (Master) ☐ (Journeyman) ☐ Energy Inspector ☐ HVAC/Mechanical ☐ Irrigation Contractor ☐ Plumber (Master) Sign: ☐ Contractor ☐ (Master Sign Electrician) ☐ Trash Hauler		☐ General Contractor ☐ Concrete ☐ Fence ☐ Foundation ☐ Pool ☐ Roofer ☐ Other: _____
Responsible Parties		
I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF MY CONTRACTOR REGISTRATION AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).		
APPLICANT NAME:		SIGNATURE:
CONTACT PHONE:		DRIVERS LICENSE #/STATE:
FEE PAID:	RECEIVED BY:	DATE:
CONTRACTOR #:		EXPIRATION DATE: