

**Contractor Registration
Application**

Date: _____

Contractor Type:			Registration Type:	
<input type="checkbox"/> General	<input type="checkbox"/> Pool	<input type="checkbox"/> Irrigation	<i>(Circle One)</i> New Renewal	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Concrete	<input type="checkbox"/> Backflow		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fence	<input type="checkbox"/> Fire Alarm		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Fire Sprinkler		
<input type="checkbox"/> Propane	<input type="checkbox"/> Utility	<input type="checkbox"/> Sign		
		<input type="checkbox"/> Architect		

Contractor Information

*****If a license holder exists, you must use that person's information. License holder is the person who holds the State License. This person will be held responsible for seeing that all work being performed follows the State codes, City codes, and ordinances*****

This application must be signed at the bottom by the Owner/License Holder listed below!!!!

Company Name: _____

Owner/License Holder Name: _____

Address: _____ City/State/Zip _____

Office Number: _____ Fax: _____ Cell: _____

Email: _____

Personnel authorized to obtain a permit under this registration: (use company letterhead for additional names)

Name: _____	Phone: _____	Name: _____	Phone: _____
Name: _____	Phone: _____	Name: _____	Phone: _____
Name: _____	Phone: _____	Name: _____	Phone: _____

**COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE
AND TRADE LICENSE ARE REQUIRED**



_____ Signature of Applicant	_____ Printed Name of Applicant
---------------------------------	------------------------------------