



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

- | | |
|--|--|
| <input type="checkbox"/> ELECTRICAL CONTRACTOR | <input type="checkbox"/> JOURNEYMAN PLUMBER |
| <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> MECHANICAL (HVAC) |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> IRRIGATOR (LANDSCAPE) |
| <input type="checkbox"/> MASTER SIGN ELECTRICIAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> MASTER PLUMBER | |

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PROVIDE COPY OF DRIVER'S LICENSE, STATE LICENSE & INSURANCE