

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: <input type="checkbox"/> (General) <input type="checkbox"/> (Fire) Electrician: <input type="checkbox"/> (Master) <input type="checkbox"/> (Journeyman) <input type="checkbox"/> Energy Inspector <input type="checkbox"/> HVAC/Mechanical <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Plumber (Master) Sign: <input type="checkbox"/> Contractor <input type="checkbox"/> (Master Sign Electrician) <input type="checkbox"/> Trash Hauler	<input type="checkbox"/> General Contractor <input type="checkbox"/> Concrete <input type="checkbox"/> Fence <input type="checkbox"/> Foundation <input type="checkbox"/> Pool <input type="checkbox"/> Roofer <input type="checkbox"/> 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 ACCPECTED).

APPLICANT NAME:	SIGNATURE:
CONTACT PHONE:	DRIVERS LICENSE #/STATE:

DATE SIGNED:

FEE PAID:	RECEIVED BY:	DATE:
CONTRACTOR #:	EXPIRATION DATE:	