



## Contractor Registration Form

---- General Contractor	State License No.	Issued To:
---- Electrical Contractor	_____	_____
---- Plumbing Contractor	_____	_____
---- Mechanical Contractor	_____	_____
---- Lawn Irrigation	_____	_____
---- Other (please explain) _____	_____	_____

**\*\*\* (PLEASE ENSURE WE HAVE COPY OF YOUR CURRENT STATE LICENSE, AS WELL AS INSURANCE) \*\*\***

BUSINESS NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
OWNER NAME:			
PHONE NUMBER:	FAX:	ALTERNATE #:	

\_\_\_\_\_  
SIGNITURE OF APPLICANT

\_\_\_\_\_  
DATE

License #: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_