

ANNUAL CONTRACTOR REGISTRATION

1. FULL NAME:	6. SELECT CONTRACTOR: General Contractor Irrigation Contractor Demolition Contractor Moving Contractor Fence Contractor Sign Contractor Swimming Pool Contractor Electrical Contractor Mechanical Contractor Plumbing Contractor Plumbing Contractor REQUIRED ITEMS CHECKLIST: A completed copy of this application A copy of your State Trade License (if applicable) A copy of Company's General Liability Insurance (for MEP's)
2. BUSINESS NAME:	
3. PHYSICAL ADDRESS:	
Address	
State Zip 4. MAILING ADDRESS:	
Address	8. READ AND SIGN:
City	I hereby certify by my signature below that: 1) I possess and will maintain all required licenses certifying that I am properly credentialed to do
StateZip	the work, 2) I agree to abide by all laws and ordinances governing this type of work whether
5. CONTACT INFORMATION:	specified herein or not, and 3) I have read and examined this application and know the same to
Phone	be true and correct.
Mobile	Signature
Email	Date