



**CONTRACTOR REGISTRATION FORM**

**TYPE OF CONTRACTOR LICENSE**

- |   |   |
|---|---|
| <input type="checkbox"/> Electric Contractor    | <input type="checkbox"/> Mechanical (HVAC)                |
| <input type="checkbox"/> Master Electrician     | <input type="checkbox"/> Irrigator (Landscape)            |
| <input type="checkbox"/> Journeyman Electrician | <input type="checkbox"/> Backflow (special form required) |
| <input type="checkbox"/> Master Plumber         | <input type="checkbox"/> NESHAP Certified                 |
| <input type="checkbox"/> Journeyman Plumber     | <input type="checkbox"/> Other                            |

**CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Licensee Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE**