



Registration Fee (per Contractor):

Electric - Exempt (by State law)
 Mechanical- Exempt (by State law)
 Plumber- Exempt (by State law)
 Backflow Tester- \$45
 All Other Contractors- \$60

For Office Use
Date Received _____
Receipt # _____

CONTRACTOR REGISTRATION FORM

(Valid from January 1 thru December 31)

Licensee's/Contractor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Cellphone Number: () _____

Company Name: _____

Company Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Cellphone Number: () _____

*Check type of contractor below (Choose <u>only one</u> registration)	State License Required	State License Required
<input type="checkbox"/> Electrician (Master only)	Yes	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Plumber (Master only)	Yes	<input type="checkbox"/> Residential Builder
<input type="checkbox"/> Mechanical	Yes	<input type="checkbox"/> Commercial Builder
<input type="checkbox"/> Sign	Yes	<input type="checkbox"/> Utility Contractor
<input type="checkbox"/> Backflow Tester	Yes	<input type="checkbox"/> Roofing Contractor
<input type="checkbox"/> Irrigation	Yes	<input type="checkbox"/> Fence Contractor
<input type="checkbox"/> Energy Inspector	Yes	<input type="checkbox"/> Cement/Concrete Contractor
<input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Foundation Repair Contractor
		<input type="checkbox"/> Swimming Pool Contractor

Items required to complete registration:

Valid Driver's License # (Colored Copy): _____ State: _____

State Trade License (if applicable): _____

*Certificate of Insurance – city as certificate holder - \$300,000 minimum liability. (Ordinance 12-14)

**Emailed directly from the insurance company.*

Applicant Signature: _____ Printed Name: _____

Date: _____