



BUILDING CONTRACTOR REGISTRATION

NEW RENEWAL

DATE: / /

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL FORM COMPLETED ALONG WITH A COPY OF APPROVED PHOTO IDENTIFICATION

APPLICATION IS HEREBY MADE FOR REGISTRATION AS A GENERAL BUILDING CONTRACTOR.

THIS REGISTRATION MUST BE RENEWED ANNUALLY

THIS REGISTRATION EXPIRES DECEMBER 31 OF CURRENT YEAR

ALL INFORMATION MUST BE COMPLETE.:

COMPANY INFORMATION

DATE OF INCORPORATION, LLC, OR DBA / /

CERTIFICATE OF INSURANCE EXPIRATION DATE: _____

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

Number Street City State Zip

MAILING ADDRESS: _____

Number Street City State Zip

PHONE NUMBER: ()

FAX NUMBER: ()

OWNER OR OFFICER OF THE COMPANY:

NAME _____ HOME PHONE # ()

HOME ADDRESS _____

Number Street City State Zip

RESPONSIBLE GENERAL CONTRACTOR INFORMATION:

NAME: _____ HOME PHONE#: ()

HOME ADDRESS: _____

Number Street City State Zip

DRIVER LICENSE NUMBER: _____

E-Mail Address: _____

(Optional) PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE GENERAL CONTRACTOR

Name _____

1. _____
2. _____
3. _____
4. _____
5. _____

General Contractor is responsible for adding and removing personnel to / from this list.

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED X _____

Signature of Responsible General Contractor

Registration Clerk/Notary Public _____

Sworn to me before this _____ Day of _____ 20_____

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.