



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> MECHANICAL (HVAC)
<input type="checkbox"/> MASTER ELECTRICIAN	
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> IRRIGATOR (LANDSCAPE)
<input type="checkbox"/> MASTER SIGN ELECTRICIAN	<input type="checkbox"/> BACKFLOW (<i>special form required</i>)
<input type="checkbox"/> MASTER PLUMBER	<input type="checkbox"/> OTHER
<input type="checkbox"/> JOURNEYMAN PLUMBER	<input type="checkbox"/>

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

**PLEASE PROVIDE COPY OF DRIVER'S LICENSE, STATE LICENSE, AND
CURRENT ACORD COMMERCIAL LIABILITY INSURANCE FORM**