



Contractor Registration Application

Business Information		
Business Name:		DBA:
Business Address:		Office #:
City/State:	Zip:	Fax #:
E-mail Address:		
Contractor Personal Information		
Name:		State, Trade or Master License # (if applicable):
Address:		Master License Exp. Date:
City/State/Zip:		Phone #:
Electrician: <input type="checkbox"/> (Master) <input type="checkbox"/> Energy Inspector <input type="checkbox"/> HVAC/Mechanical <input type="checkbox"/> Irrigation Contractor <input type="checkbox"/> Plumber (Master) Sign: <input type="checkbox"/> Contractor <input type="checkbox"/> (Master Sign Electrician) <input type="checkbox"/> Trash Hauler		<input type="checkbox"/> General Contractor <input type="checkbox"/> Concrete <input type="checkbox"/> Fence <input type="checkbox"/> Foundation <input type="checkbox"/> Pool <input type="checkbox"/> Roofer <input type="checkbox"/> Other:
Responsible Parties		
I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF MY CONTRACTOR REGISTRATION AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED). TO BE COMPLETED BY APPLICANT AND/OR MASTER. Please email as a PDF file.		
➡ COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE AND TRADE LICENSE ARE REQUIRED ⬅		
APPLICANT/MASTER NAME:		APPLICANT/MASTER SIGNATURE:
CONTACT PHONE:		DRIVERS LICENSE #/STATE:
FEE PAID:	RECEIVED BY:	DATE:
CONTRACTOR #:		EXPIRATION DATE: