

Contractor Registration Application



Contractor Information

Company:	
Name:	
Address:	
City/State:	Zip Code:
Mailing Address:	
City/State:	Zip Code:
Phone Number:	Email Address:

Contractor Type Please Mark with an "X"

<input type="checkbox"/>	Backflow Tester	<input type="checkbox"/>	Fire Alarm Contractor	<input type="checkbox"/>	Homebuilder	<input type="checkbox"/>	Plumbing Contractor
<input type="checkbox"/>	Concrete Contractor	<input type="checkbox"/>	Fire Sprinkler Contractor	<input type="checkbox"/>	Irrigation Contractor	<input type="checkbox"/>	Sign Contractor
<input type="checkbox"/>	Electrical Contractor	<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Landscaping Contractor	<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	Franchisee Contractor	<input type="checkbox"/>	Other:				

License Information

Master License Holder:	
License #:	Expiration:
Driver's License Number:	Expiration:

Checklist:

- Completed Contractor Registration Application
- Copy of Driver's License/Government ID
- Copy of Company's General Liability Insurance (minimum requirement \$300,000)
- \$75 Registration Fee
- Copy of State Trade License (Backflow, Electrical, Fire Alarm, Fire Sprinkler, Irrigation & Plumbing)

I hereby certify that I have read and fully understand the guidelines as set forth and this registration may be revoked and my privileges to work in Fate forfeited for failure to comply with the guidelines and building codes of the City of Fate.

Signature of Contractor or Acting Agent

Date

Signature by City of Fate Personnel

Date