



PLUMBING CONTRACTOR REGISTRATION

PLEASE TYPE OR PRINT

Name of Company _____

Address of Business _____

City _____ State _____ Zip _____

Business Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____ State _____ Zip _____

Master for Company (Full Name) _____

State License No. _____ Expiration Date _____

Driver's License No. _____ State _____

Signature of Master _____

When license with the state is renewed, a copy of the current license must be provided to maintain an active registration. City registration expire 12/31.

REGISTRATION REQUIREMENTS

- Copy of Master's Drivers License
- Copy of State Trade License
- Completed Application
- Authorized Personnel Name & Signature List

OFFICE USE ONLY

↑ Approved ↑ Denied

Zoning _____

Accepted By: _____

COI Exp: _____

Registration No: _____