



IRRIGATION 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

- **\$75.00 Registration Fee (Annual)**
- **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: _____

Receipt No: _____

Registration No: _____