



CONTRACTOR REGISTRATION

Business Name _____

TYPE:

Address _____

General

City _____ ST _____ ZIP _____

Plumbing

Phone _____ Fax _____

Electrical

E-Mail _____

Mechanical

Personnel Authorized to Obtain Permits:

Irrigation

Name Title

Name Title

Signature of Owner or Authorized Personnel Date

License Number (Copy Required) Exp: _____

Insurance/Bond (copy required) Exp: _____