



BUILDING CONTRACTOR REGISTRATION

NEW RENEWAL
DATE: _____

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE
ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL COMPLETED FORM ALONG WITH A COPY OF
APPROVED PHOTO IDENTIFICATION

APPLICATION IS HEREBY MADE FOR REGISTRATION AS A GENERAL BUILDING CONTRACTOR.
THIS REGISTRATION MUST BE RENEWED ANNUALLY

ALL INFORMATION MUST BE COMPLETE

COMPANY INFORMATION

DATE OF INCORPORATION, LLC, OR DBA: ___/___/___
CERTIFICATE OF INSURANCE EXPIRATION DATE ___/___/___
NAME OF COMPANY: _____
COMPANY ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: (____) _____ FAX NUMBER: _____
EMAIL ADDRESS: _____

OWNER OR OFFICER OF THE COMPANY:

NAME: _____ HOME PH. (____) _____
HOME ADDRESS: _____

RESPONSIBLE GENERAL CONTRACTOR INFORMATION

NAME: _____ HOME PH. (____) _____
HOME ADDRESS: _____
DRIVERS LICENSE NUMBER: _____ EMAIL: _____

(OPTIONAL) PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE GENERAL CONTRACTOR

- _____
- Name
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

**General Contractor is
responsible for adding and
removing authorized
personnel to/from this list.**

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: X _____

Registration Clerk/Notary Public: _____

(Must be Signed by Registration Clerk or Notarized)

Sworn to me this _____ day of _____, 20____.

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION
MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.