



## ANNUAL 2019 CONTRACTOR REGISTRATION & FILING FORM

Type of Contractor: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Ownership: Sole Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Owner (Officer if Corporation): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employees or officers authorized to purchase permits as representatives for your company. (Please note: anyone who is not listed below will not be allowed to purchase a permit for your company. Sub-Contractors shall not be considered as authorized agents.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**There is a \$70.00 REGISTRATION FEE required for all contractors.**

Date Registration Submitted: \_\_\_\_\_

\$70.00 Registration Fee Paid By: Check \_\_\_\_\_ (# \_\_\_\_\_) Cash \_\_\_\_\_

The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits. Registration valid through December 31, 2019.

Signature, Title, Date: \_\_\_\_\_