



CONTRACTOR REGISTRATION FORM

The *'s below indicate required information to process this form

*Company Name: _____

*Primary Business Owner:

First Name: _____ Last Name: _____

*Business Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Office: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____

Current Trade License (if Applicable), Valid Driver's License and a Certificate of Liability Insurance with the City Of Silsbee as a Certificate Holder are Required to be Shown at Time of Registration. * Please completely fill out any relevant boxes:

GENERAL CONTRACTOR
Lead Contractor: _____
Driver's License #: _____
Other License (If Applicable) _____
License #: _____ Expiration: __/__/__

ELECTRICAL
Master Electrician: _____
Driver's License #: _____
Contractor #: _____ Expiration: __/__/__
Master # _____ Expiration: __/__/__

MECHANICAL/HVAC
Lead Contractor: _____
Driver's License #: _____
Contractor #: _____ Expiration: __/__/__
License Type: _____

PLUMBING
Responsible Master Plumber: _____
Driver's License #: _____
RMP #: _____ Expiration: __/__/__

Authorization To Pick Up Permits:
I _____ HEREBY AUTHORIZE _____
OR _____ TO PICK UP PERMITS ON MY
REGISTRATION/MASTER LICENSE.
_____ DATE: _____
Signature of Registrant/Master License Holder

Please call the City Inspector for any Questions or Concerns
Silas J Clutter
409-273-8989 silas@cityofsilsbee.com