



## Contractor Registration

CONTRACTOR: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL / PAGER \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CONTRACTOR LICENSE NUMBER \_\_\_\_\_

LICENSE EXPIRATION DATE \_\_\_\_\_

FEDERAL EMPLOYER ID \_\_\_\_\_

M.E.S.C. EMPLOYER NUMBER \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PLEASE REMEMBER TO INCLUDE A COPY OF THE FOLLOWING:**

***CURRENT CONTRACTOR LICENSE***

***DRIVER LICENSE / STATE IDENTIFICATION***

***\$6.90 REGISTRATION FEE***