



130 6TH STREET WEST
ROOM A
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391

FAX (406) 892-4413

2026 Contractor Registration

Annual: January 1 - December 31 Fee = \$40.00

Type of Contractor:

☐ Electrician

☐ Gas Installation

☐ Heating & A/C

☐ Other: _____

☐ Plumber

☐ Building Contractor

☐ Sign Installation

INCLUDE A COPY OF YOUR CURRENT

STATE LICENSE WITH THIS APPLICATION.

☐ Excavation (Excavator must furnish a copy of \$5,000 bond)

☐ New Business

☐ Existing Business

☐ No longer in Business /Termination Date _____

Name of Business: _____

Type of Business: _____

Owner/Manager: _____

Telephone: _____

Physical Address
of Business: _____

Mailing Address
of Business: _____

Business Email: _____

Emergency Contacts:

1. _____

Phone #: _____

2. _____

Phone #: _____

3. _____

Phone #: _____

Additional Notes for Responding Emergency Providers: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received and Initials: _____ Registration Number: _____ Added to BMS: _____ PD/FD: _____