City of Cockrell Hill
Contractor Registration Form

☐	CONTRACTOR BUILDER	☐	PLUMBER
☐	MASTER ELECTRICIAN	☐	JORNEYMAN PLUMBER
☐	JOURNEYMAN ELECTRICIAN	☐	IRRIGATION (LANDSCAPE)
☐	RESIDENTAL ELECTRICIAN	☐	BACKFLOW (SPECIAL FORM)
☐	MASTER SIGN ELECTRICIAN	☐	INSTALLER (LANDSACPE)
☐	JOURNEYMAN SIGN ELECTRICIAN	☐	FIRE LINE TESTER
☐	MECHANICAL	☐	OTHER: _____

CONTRACTOR INFORMATION

Contractor Name: _____
Contractor Type: _____
Primary Contact Name: _____
Office Phone #: _____
Contact Cell Phone #: _____
E-mail #: _____
Fax #: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address: _____

CONTRACTOR INSURANCE INFORMATION

Provider Name: _____
Provider Phone#: _____
Policy Number: _____

Master Name: _____
Master License: _____
Master Cell Phone #: _____

Signature: _____ ***Date:*** _____

PLEASE PROVIDE A COPY OF DRIVER'S LICENSE, INSURANCE & STATE LICENSE