City of Pilot Point
Building & Permits

Contractor Registration Application

Business Information		
Business Name		Owner's Name
Address		Office Phone
City/State	Zip	Fax
Email Address		Cell Phone

Contractor Information	
License Holder	
* The License Holder will be held responsible for seeing that all work being performed under this registration is completed and in compliance with City codes and ordinances	
A valid certificate of insurance shall be attached to this application issued by a company authorized to conduct business in the state, naming the city and its agents, officers, elected officials, employees and assigns, as additional insured, in the amount not less than $1,000,000 general liability, including bodily injury and property damage with $5,000,000 umbrella.	
State, Trade or Master License # (if applicable)	
Address	License Exp. Date
City / State / Zip	Phone:
Email:	
COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE AND TRADE LICENSE ARE REQUIRED	

Contractor Classification

Backflow Tester: ☐ General ☐ Fire	☐ General Contractor
Electrician: ☐ Master ☐ Journeyman	☐ Concrete
Sign: ☐ Contractor ☐ Master Sign Electrician	☐ Fence
☐ HVAC / Mechanical	☐ Pool
☐ Plumber (Master)	☐ Roofer
☐ Energy Inspector	☐ Other:

I certify the above information to be true and accurate to the best of my knowledge. Falsifed information may result in the revocation of my contractor registration and the issuance of municipal citations. Incomplete applications may not be accepted.

Print Name _____ Signature _____

Contact Phone Number _____ Email Address _____