



CONTRACTOR REGISTRATION APPLICATION

Please select registration type:

- General Mechanical Plumbing Electrical Fire Mobile Home Installer

Requirements

Your application will not be accepted if any of the below items are missing or incomplete. To submit and check status of application, email buildingdepartment@portlavaca.org.

- Copy of current Driver License Copy of current insurance
- Copy of current state licenses Completed, legible, and signed application form

Contractor Information

Applicant Name: _____
Applicant Phone: _____ Applicant Email: _____
Applicant Address: _____

Company Information

Company Name: _____
Company Phone: _____ Company Email: _____
State License No: _____

- Proprietorship Partnership Corporation

For partnership or corporation, list all partners or officers:

Name: _____ Name: _____
Title: _____ Title: _____

Scope of business to be conducted under this license: _____

Persons authorized to obtain building permits under this license:

- 1. _____ 2. _____

Applicant Agreement

I CERTIFY THAT THE ABOVE LISTED PERSONS ARE ACTIVELY ENGAGED IN MY BUSINESS AND THAT THEY ARE NOT INDEPENDENT CONTRACTORS USING MY LICENSE TO OBTAIN PERMITS.

Signature of Applicant: _____ Date: _____

| For Office Use Only | | |
|---|------------------------------|-----------------------------|
| Completeness Check | | |
| Application form completely filled and signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photo ID, state license and insurance obtained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fee paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign | Date | |

Please submit to buildingdepartment@portlavaca.org with supporting documents if applicable.