



CONTRACTOR REGISTRATION

BUSINESS NAME: _____

TYPE:

ADDRESS: _____

General

CITY: _____

Plumbing

PHONE: _____

Electrical

EMAIL: _____

Mechanical

Irrigation

Other (specify)

PERSONNEL AUTHORIZED TO OBTAIN PERMITS:

Name

Title

Name

Title

Signature of Owner or Authorized Agent

Date

License Number (Copy Required)

Expiration Date

Insurance/Bond
(copy required)

Expiration Date

Certificate Holder must be City of Rio Hondo

I HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS REGISTRATION IS A MATTER OF PUBLIC RECORD AND THE INFORMATION CONTAINED HEREIN WILL BE AVAILABLE TO THE PUBLIC. I UNDERSTAND AND AGREE THAT FAILURE TO PROVIDE REQUESTED INFORMATION OR PROVIDING FALSE INFORMATION ON THIS REGISTRATION FORM CAN RESULT IN DENIAL, SUSPENSION OR CANCELLATION OF REGISTRATION. I FURTHER UNDERSTAND AND AGREE THAT REVOCATION, SUSPENSION OR DENIAL OF MY STATE OR OTHER APPLICABLE LICENSE WILL RESULT IN THE AUTOMATIC DENIAL, SUSPENSION OR REVOCATION OF THIS REGISTRATION. I HAVE READ THE COPY OF THE CITY OF RIO HONDO ORDINANCE ATTACHED HERETO AND UNDERSTAND AND AGREE TO THE CAUSES FOR DENIAL, SUSPENSION OR REVOCATION OF THIS REGISTRATION STATED THEREIN.