



# CONTRACTOR REGISTRATION

## GENERAL CONTRACTOR

Company name:

Phone:

E-mail:

Company Address:

City:

State:

ZIP Code:

Mailing Address ( If different)

City:

State:

Zip Code:

Primary Contact:

Phone:

## SUBCONTRACTOR

Company Name:

Service Type:

Address:

City:

State:

Zip:

E-mail:

Primary Contact:

Telephone:

## SUBCONTRACTOR

Company Name:

Service Type:

Address:

City:

State:

Zip:

E-mail:

Primary Contact:

Telephone:

## SUBCONTRACTOR

Company name:

Service Type:

Address:

City:

State

Zip:

E-mail:

Primary Contact:

Telephone:

## SUBCONTRACTOR

Company name:

Service Type:

Address:

City:

State:

Zip:

E-mail:

Primary Contact:

Telephone:

## JOB INFORMATION

Owners Name

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

\*Permit # :

## AGREEMENT

- A copy of each valid Master License, Journeyman or Certificates of Applicable Trade, with a copy of valid photo ID must be provided with this registration form.
- Proof of General Liability Insurance must be provided with registration form

All Subcontractors who are required by State Law to be Licensed must register with the City of Mont Belvieu before applying for permits or performing any City work.

Please upload this form and attachments on your permit using [Mygovernmentonline.org](http://Mygovernmentonline.org)

Alternately, you may email completed form and attachments to [Tcase@montbelvieu.net](mailto:Tcase@montbelvieu.net)

Signatures:

Date: