



CONTRACTOR REGISTRATION FORM

ALL CONTRACTORS **MUST REGISTER** WITH THE CITY OF BULVERDE PRIOR TO BEGINING WORK. THIS FORM ALONG WITH A COPY OF THE CONTRACTORS DRIVERS LICENSE, STATE CONTRACTORS LICENSE, CERTIFICATE OF LIABILITY INSURANCE, AND FEE (*plumbing contractors are exempt from registration fees*) ARE REQUIRED FOR THE REGISTRATION PROCESS. THE CERTIFICATE OF INSURANCE MUST LIST THE CITY OF BULVERDE AS THE CERTIFICATE HOLDER.

Check one: General Contractor Electrical Mechanical
Plumbing Sign Swimming Pool
Irrigation Driveway Other _____

DATE: _____

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY, STATE ZIP _____

MAILING ADDRESS: _____

CITY, STATE ZIP _____

COMPANY PHONE: _____

STATE CONTRACTOR LICENSE: TYPE _____ NUMBER _____

LICENSE ISSUED TO: _____

INSURANCE: COMPANY _____

POLICY NUMBER _____ EXP _____

CONTRACTOR NAME: _____

CELL PHONE: _____

DRIVER LICENSE: STATE _____ NUMBER _____ EXP _____

STATE CONTRACTOR LICENSE: TYPE _____ NUMBER _____

LICENSE ISSUED TO: _____

AUTHORIZED SIGNATURE(S): _____

FOR OFFICE USE ONLY

REGISTRATION DATE: _____ EXP DATE: _____

RECEIPT #: _____ CLERK: _____ PERMIT REF #: _____

DL STATE CONTR LIC exp _____ INS exp _____