CITY OF ELYRIA
BUILDING DEPARTMENT
CONTRACTOR REGISTRATION
ORDINANCE # 62-13

TYPE OF REGISTRATION: EXCAVATING CONTRACTOR

APPLICANT’S NAME: ____________________________

(INDIVIDUAL TO BE LICENSED, NOT BUSINESS)

DOING BUSINESS AS: ____________________________

Phone____________________ Fax____________________

(Must coincide with name on insurance and/or workman’s comp certificates)

ADDRESS: ____________________________

TYPE OF BUSINESS: SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER

(If partnership, supply name, address, and phone number of individual)

NUMBER OF EMPLOYEES: FULL TIME PART TIME

YEARS EXPERIENCE IN TRADE CONTRACTOR’S FEDERAL ID# OR SOC SEC #

YEARS IN BUSINESS

DO YOU HOLD REGISTRATIONS OR LICENSES IN OTHER CITIES?

IF SO, WHERE?

**PROVIDE THREE LETTERS OF REFERENCE FROM ANYONE WHO KNOWS THE APPLICANT'S WORK AND LIST REFERENCES BELOW.

1.) NAME: ____________________________ ADDRESS__________________________

2.) NAME: ____________________________ ADDRESS__________________________

3.) NAME: ____________________________ ADDRESS__________________________

DO YOU HAVE LIABILITY INSURANCE? PLEASE ATTACH A CERTIFICATE OF INSURANCE.

DO YOU HAVE WORKMAN’S COMP. INS.? PLEASE ATTACH A COPY OF CERTIFICATE OF PREMIUM PAYMENT.

SIGNATURE OF APPLICANT: ____________________________

POSITION: ____________________________

ADDRESS: ____________________________ PHONE: ____________________________

EXAMINATION, IF REQUIRED: PASSED FAILED GRADE

APPROVED BY: ____________________________ DATE: ____________________________

131 Court St. Suite 101, Elyria, Ohio 44035
Phone: (440) 326-1491; Fax: (440) 326-1488
CONTRACTOR REGISTRATION
EXPERIENCE

NAME: __________________________________________ ADDRESS: __________________________________________

A. CONSTRUCTION AND RELATED TRADES EXPERIENCE:

Please list the types of construction work that you have performed in the last five (5) years. (ie: roofing, siding, additions, heating, electrical, etc.)

<table>
<thead>
<tr>
<th>CONSTRUCTION PROJECTS AND TYPE OF WORK</th>
<th>NAME OF EMPLOYER ADDRESS &amp; PHONE</th>
<th>DATES, LENGTH OF TIME YEARS AND MONTHS</th>
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B. ACADEMIC RELATED VOCATIONAL OR TECHNICAL EDUCATION:

In lieu of experience required, the applicant may qualify with two years of technical training in an accredited school, plus two years of practical experience, or hold a degree from an accredited college or university in the business or trade in which he/she applies to be registered.

COPIES OF CERTIFICATES ATTACHED: ____________

SIGNATURE: ___________________________________ DATE ____________________________
STATE OF OHIO  
COUNTY OF LORAIN  
CITY OF ELYRIA  

AFFIDAVIT OF VERIFICATION  

AFFIANT: ___________________________________________________________ BEING FIRST DULY SWORN ACCORDING TO  
(person other than applicant)  
LAW DEPOSES AND SAYS THAT __________________________________________ HAS HAD  
(applicant)  
___________ YEARS OF PRACTICAL EXPERIENCE IN THE _____________________ TRADE.  
(type)  

AFFIANT: ___________________________________________________________  
(signature of individual other than applicant)  
_________________________________________________________  
(address, city, state, zip code)  

SWORN AND SUBSCRIBED TO BEFORE ME THIS ___________ DAY OF ___________ 20_____.  

_________________________________  
NOTARY PUBLIC