

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

FEE \$ 100.00

RECEIPT _____

IBM# _____

TYPE OF REGISTRATION BUILDING III DATE _____

APPLICANT'S NAME _____

(INDIVIDUAL TO BE LICENSED, NOT BUSINESS)

DOING BUSINESS AS _____ Phone _____

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

Fax _____

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.)

CONSTRUCTION PROJECTS AND TYPE OF WORK	NAME OF EMPLOYER ADDRESS & PHONE	DATES, LENGTH OF TIME YEARS AND MONTHS

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