



## CONTRACTOR REGISTRATION APPLICATION

Are there other applications on file for this company OR one of its licensees?     Yes     No     Unknown

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Owner \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Company Email \_\_\_\_\_

Federal ID# (if applicable) \_\_\_\_\_ **\*No Social Security Numbers please**

Company Type     Sole Proprietor     Corporation     LLC     Partnership

Contractor Type     Building     Electric     Manufactured Housing  
                            Mechanical     Plumbing     Repairs

Workers Compensation Carrier \_\_\_\_\_

UIA Employer Number \_\_\_\_\_

### LICENSEE INFORMATION

**A PHOTO ID AND COPIES OF ANY LICENSES LISTED  
WILL BE REQUIRED TO COMPLETE THE REGISTRATION**

License Type	License Holder Name	License Number	Expiration Date	License Holder Email	Verified By (GHT Use Only)
Master					
Contractor					