**Contractor Information:**

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of State License:**

 General Contractor

 Building

 Residential

 Roofing

 Class A AC

 Class B AC

 Mechanical

 Commercial Pool

 Residential pool

 Electrical

 Plumbing

 Underground Utilities

 Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Documents:**

 Certificate of Liability insurance with Franklin County as Certificate Holder expires: \_\_\_\_\_\_\_\_

 Worker’s Compensation COI or WC Exemption Certificate expires: \_\_\_\_\_\_\_\_

 State License State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contractor Fees:**

 State Certified: NO CHARGE

 State Registered (Franklin County Only) $50.00 PER LICENSE

 State Registered (Existing Out-of-County) $150.00 PER LICENSE

**FRANKLIN COUNTY NO LONGER ACCEPTS NEW OUT-OF-COUNTY STATE REGISTERED REGISTRATIONS. OUT-OF-COUNTY APPLICANTS THAT MAINTAIN A CURRENT REGISTRATION STATUS MAY RENEW EXISTING REGISTRATION.**

**Please initial next to each of the following:**

\_\_\_\_ I have utilized the checklist to verify that I have included all required documentation.

\_\_\_\_ I understand that incomplete applications WILL NOT be accepted.

By signing below, I attest that all information on this application is accurate and complete.

Contractor Signature: Date: