



MASTER PLUMBER REGISTRATION

REGISTRANT INFORMATION

Full Name:		
Plumbing License #:	State ID/Driver License #:	
Home address:		
City:	State:	ZIP Code:
Cell Phone:	Email Address:	

COMPANY INFORMATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Phone:	Fax:	

****ADDITIONAL AUTHORIZED PERSONS TO PULL PERMITS** (DO NOT LIST YOURSELF AGAIN)**

Authorized Person #1

Full Name:		
State ID/Driver License #:	Cell Phone:	

Authorized Person #2

Full Name:		
State ID/Driver License #:	Cell Phone:	

SIGNATURE OF REGISTRANT

Signature of Applicant:	Date:
-------------------------	-------

****IF YOU DO NOT LIST SOMEONE ADDITIONAL TO PULL PERMITS YOU WILL BE THE ONLY ONE ALLOWED TO PULL PERMITS!!!!****

All contractor registrations with the City of Cleveland expire on December 31 of the current calendar year. This registration form and all information on the form is only valid for the current calendar year.

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Please be sure a copy of the information listed below is attached to the registration form. Sign below verifying that all needed information is attached.

General Liability Insurance for the Company	Master License	Authorized Person #1's ID
Verification Page from TSBPE	Registrant's ID	Authorized Person #2's ID
Signature:	Date:	