



# City of Cleburne

10 N. Robinson P.O. Box 677 Cleburne, Texas 76033-0677 (817)645-0900

## CONTRACTOR REGISTRATION FORM

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TYPE OF CONTRACTOR: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CELLULAR #: \_\_\_\_\_

PAGER #: \_\_\_\_\_

TYPE OF ELECTRICIAN \_\_\_\_\_

CONTRACTOR LICENSE HOLDER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**BOND OR INSURANCE INFO**

INSURANCE COMPANY NAME: \_\_\_\_\_

BOND OR POLICY NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

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REGISTRATION FEE: \$100.00