



Contractor License Application

Please Print or Type:

Licensee Name: _____

Home Address: _____

Contact Number(s): _____ DOB: ____ / ____ / ____ Age: _____

Business Name: _____

Business Address: _____

Business Contact Number(s): _____ Email: _____

If Applicable: (please notify us if there is a change)

Authorized Agent's Name: _____ Contact Number: _____
Authorized to handle transactions under *your* license

Classification:

- General Contractor
- Master Electrician
- Check One Master Plumber
- Master Mechanical
- Fire Sprinkler Installer
- Other If Checked please specify: _____

Education:

	Institution Name	Date Attended	Last Grade Completed	Diploma	Certificate
Elementary <input type="checkbox"/>	_____	_____	_____	_____	_____
High School <input type="checkbox"/>	_____	_____	_____	_____	_____
College or University <input type="checkbox"/>	_____	_____	_____	_____	_____
Night School <input type="checkbox"/>	_____	_____	_____	_____	_____
Business / Trade School <input type="checkbox"/>	_____	_____	_____	_____	_____

I am aware that the City of **D'Iberville** has adopted the International Code Council (ICC) Series of Codes and the National Electrical Code (NEC) 2005, which will govern work in my trade. I am of the opinion that my practical experience and my knowledge of the ICC Codes / NEC 2005 will enable me to qualify as a Master in the _____ Trade.

I hereby certify that this application contains no willful misrepresentations or falsifications: that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected and my name removed from the list of potential licensees and I shall be disqualified from applying in the future for any license.

Signature of Applicant

Date

Note: A signature is required *at the time* of the application; failure to do so will result I delays on the part of the Licensee.