

GRADY COUNTY
CONTRACTOR APPLICATION
229/377-8857 FAX # 229/377-6947

NAME OF LICENSED PERSON: _____
(LAST) (FIRST) (M.I.)

LICENSED CONTRACTOR: _____ INDIVIDUAL OR _____ QUALIFYING AGENT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ / _____ / _____ SSN: _____ / _____ / _____
(MO) (DAY) (YEAR)

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ / _____ / _____ CELL: _____ / _____ / _____

INSURANCE CO. NAME: _____ AGENT: _____

POLICY #: _____ AMOUNT OF COVERAGE: \$ _____

CHECK TYPE OF REGISTRATION APPLIED FOR:

- | | |
|--|---|
| <input type="checkbox"/> RESIDENTIAL/BASIC (RB) | <input type="checkbox"/> RESIDENTIAL/LIGHT COMMERCIAL (RL) |
| <input type="checkbox"/> GENERAL CONTRACTOR (GC) | <input type="checkbox"/> GENERAL CONTRACTOR LIMITED (GCL) |
| <input type="checkbox"/> ELECTRICIAN RESTRICTED (ER) | <input type="checkbox"/> ELECTRICIAN UNRESTRICTED (EU) |
| <input type="checkbox"/> CONDITION AIR CONTRACTOR (MR) | <input type="checkbox"/> CONDITION AIR CONTRACTOR (MU) |
| <input type="checkbox"/> PLUMBER RESTRICTED (PR) | <input type="checkbox"/> PLUMBER UNRESTRICTED (PU) |
| <input type="checkbox"/> MOBILE HOME INSTALLER RESTRICTED (SR) | <input type="checkbox"/> MOBILE INSTALLER UNRESTRICTED (SU) |
| <input type="checkbox"/> GAS CONTRACTOR | <input type="checkbox"/> SPECIALTY _____ |

STATE LICENSE NUMBER: _____ ATTACH A CURRENT COPY

APPLICATION DATE

APPLICANT'S SIGNATURE

CONSENT FORM

I hereby authorize _____
To receive any criminal history record information pertaining to me which may be in the files of any
state or local criminal justice agency Georgia.

Full Name Printed

Address

Sex

Race

DOB

SSN

Signature

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public, Georgia, State at Large