

GRADY COUNTY CODE ENFORCEMENT  
250 N. BROAD ST. BOX 6 ~ CAIRO, GEORGIA 39828  
(229) 377-8857 FAX # (229) 377-6947

REQUIREMENTS FOR CONTRACTOR'S REGISTRATION

1. Picture ID
2. Copy of a STATE OF GEORGIA CONTRACTORS LICENSE if applicable
3. Copy of OCCUPATIONAL / Business License
4. The CONTRACTORS APPLICATION must be completely filled out.
5. If this is your first job in Grady Co. you must see Mr. Ivy before your application can be processed. He is available between 8:00 and 10:00 a.m., Monday thru Friday. An appointment can be made by calling Mr. Ivy at 229-378-7687 if you are unable to come in between 8:00 and 10:00.

ACKNOWLEDGEMENT:

I hereby acknowledge I have read and understand Grady County Code Enforcement requirements for Contractor Registration.

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Contractors Signature

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Print Name

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Date

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CONTRACTOR APPLICATION

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FAX: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-MAIL: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ AGENT: \_\_\_\_\_

POLICY #: \_\_\_\_\_ AMOUNT OF COVERAGE: \$ \_\_\_\_\_

CHECK TYPE OF REGISTRATION APPLIED FOR:

\_\_\_ RESIDENTIAL/BASIC (RB) \_\_\_ RESIDENTIAL/LIGHT COMMERCIAL (RL)

\_\_\_ GENERAL CONTRACTOR (GC) \_\_\_ GENERAL CONTRACTOR LIMITED (GCL)

\_\_\_ ELECTRICIAN RESTRICTED (ER) \_\_\_ ELECTRICIAN UNRESTRICTED (EU)

\_\_\_ CONDITION AIR CONTRACTOR (MR) \_\_\_ CONDITION AIR CONTRACTOR (MU)

\_\_\_ PLUMBER RESTRICTED (PR) \_\_\_ PLUMBER UNRESTRICTED (PU)

\_\_\_ MOBILE HOME INSTALLER  
RESTRICTED (SR) \_\_\_ MOBILE INSTALLER  
UNRESTRICTED (SU)

\_\_\_ GAS CONTRACTOR \_\_\_ SPECIALTY \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_ ATTACH A CURRENT COPY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICATION DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

CONSENT FORM

I hereby authorize GRADY COUNTY 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

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_

Notary Public, Georgia, State at Large