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. SPECIALTY CONTRACTORS - If this is your first job in Grady Co. you must see Mr. Harrison 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 the office at 229-377-8857 if you are unable to come in at that time.

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

__________________________________________
Contractors Signature

__________________________________________    _____________
Print Name                                      Date
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

Signature

Address

Sex   Race    DOB    SSN

Sworn to and subscribed before me

this ______ day of ____________________, 20 __________.

Notary Public, Georgia, State at Large