

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. 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.

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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 \_\_\_\_\_ QULIFYING 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