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

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

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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