



# Contractor Registration Form

101-E Mounts Bay Road, P. O. Box 8784 Williamsburg, VA 23187-8784  
PHONE: (757) 253-6626 FAX: (757) 259-4038 Office Hours: Mon-Fri 8 a.m. - 5 p.m.

***\$5.00 Initial Registration Fee***

***\$1.00 Annual Renewal***

Date: \_\_\_\_\_

Below is the information required by Section 4-33 of Ordinance #81:

A. Name of Contractor or Corporate Identification:

\_\_\_\_\_

B. Current Business Address and Contact Information:

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

C. Virginia State Contractors License (include Class Type):

\_\_\_\_\_

D. Current Business License has been issued in:

County/City \_\_\_\_\_ License No. \_\_\_\_\_

E. Type of contract services to be performed:

\_\_\_\_\_

F. Names of persons authorized to apply for and obtain permits for the contractor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Master employed by the corporation or building contractor holding a current Certificate of Qualification

Electrician: \_\_\_\_\_

Plumber: \_\_\_\_\_

Mechanical: \_\_\_\_\_