



# ROOFING CONTRACTOR REGISTRATION

NEW  RENEWAL

DATE: \_\_\_\_\_

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE  
ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL COMPLETED FORM ALONG WITH A COPY OF  
YOUR APPROVED PHOTO IDENTIFICATION

APPLICATION IS HEREBY MADE FOR REGISTRATION AS A ROOFING CONTRACTOR.

## ALL INFORMATION MUST BE COMPLETE

### COMPANY INFORMATION

DATE OF INCORPORATION, LLC, OR DBA \_\_\_/\_\_\_/\_\_\_

CERTIFICATE OF INSURANCE EXPIRATION DATE \_\_\_/\_\_\_/\_\_\_

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### OWNER OR OFFICER OF THE COMPANY

NAME: \_\_\_\_\_ HOME PH. (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

### RESPONSIBLE ROOFING CONTRACTOR INFORMATION:

NAME: \_\_\_\_\_ HOME PH. (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(OPTIONAL) PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE ROOFING CONTRACTOR

Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Roofing Contractor is  
responsible for adding and  
removing authorized  
personnel to/from this list.**

**I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

SIGNED:  X  \_\_\_\_\_

Registration Clerk/Notary Public: \_\_\_\_\_

(Must be Signed by Registration Clerk or Notarized)

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION  
MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.