



CONTRACTOR
LICENSE RENEWAL
APPLICATION

PRINT ALL INFORMATION

Date: _____

Name of Business: _____

Address: _____
Street City State Zip

Mailing Address: _____
Street or Box City State Zip

Phone: _____ Mobile: _____ Fax: _____

Name of Contractor: _____

Must attach a front & back copy of the following information

Contractor's Driver's License No.: _____ D.O.B.: _____ State: _____

Contractor's OK State License No.: _____ Type: _____

All tech/apprentice/journeymen working for you must be listed. Attach additional sheet if needed.

Journeymen and/or Apprentice Full Name:	State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that this information is true and correct.

Contractor's Signature: _____ Date _____

Official Use ONLY:

City License Number: _____ Date Issued: _____

Issued By: _____