

## License Registration Form

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Middle Initial** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Alt Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

Do you want to use Company information for mailing address?

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Alt Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

Fill in all that apply:

License #	Expiration Date	Type	Comments
<b>BP-</b>		Backflow Tester	
<b>LI-</b>		Irrigator	
		CSI Inspector	
<b>J-</b>		Journeyman Plumber	
<b>JE-</b>		Journeyman Electrician	
<b>M-</b>		Master Plumber	

<b>ME-</b>		Master Electrician	
		Other:	

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