

A# _____

M# _____

CONTRACTOR REGISTRATION APPLICATION

**CITY OF HAMILTON, OHIO
BUILDING DEPARTMENT**

345 High Street, 3rd Floor
Hamilton, OH 45011

Phone: 513-785-7360 Email: building@hamilton-oh.gov

Type of Registration (circle one): Master Sewer-Tapper

Type of Trade (circle one): Electric HVAC Plumbing Hydronics Refrigeration

Name of Applicant: _____
(FIRST) (MI) (LAST)

Mailing Address: _____
(ADDRESS) (CITY) (STATE) (ZIP)

Company Name: _____

Company Address (if different from above): _____
(ADDRESS) (CITY) (STATE) (ZIP)

Home Phone: () _____ Business Phone: () _____

Mobile Phone: () _____ Email Address: _____

Company Website: _____ Applicant Age (**Sewer-Tappers only**): _____

Master Registration Applicants (\$200 Fee):

A copy of your current State OCILB Certification must be submitted with this application form. List below the names of all individuals you authorize to sign permit applications for you:

Sewer-Tapper Applicants (\$200 Fee):

Your current Certificate of Insurance (minimum \$500,000 Contractor's Liability) and a letter confirming at least 2 years of experience in sewer-related work must be submitted with this application.

*****ALL REGISTRATION FEES ARE NON-REFUNDABLE.*****

I hereby certify that the above information is correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

For office use only:

Master: ____ Current Ohio License ____ \$200 Application Fee	Sewer-Tapper: ____ Current Insurance Cert. ____ Letter of Experience ____ \$200 Application Fee
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