



## CONTRACTOR REGISTRATION APPLICATION

(Please Print)

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
REGISTRANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_

### ALL COMPANY INFORMATION ON ALL SUBMITTED DOCUMENTS MUST BE CONSISTENT

***"I, The Undersigned Hereby Apply To Register In The City Of Wadsworth, State Of Ohio Of For..."***

- New Wadsworth Registration (\$50 fee for each registration)
- Renewal of Current Wadsworth Registration (\$20 fee for each registration; \$50 for any registration postmarked January 1<sup>st</sup> or later)

***(Select at Least One):***

- Electrical Registration Requested
- HVAC Registration Requested

***"The Following Information Is Current and Accurate and Is Included With This Application..."***

- Certificate of Liability Insurance (for minimum amount of \$300,000)
- Copy of OCIEB (State License) Certification
- Copy of Workers Compensation Certificate of Premium Payment
- I Have No Employees and Am Not Required by the State to Provide Worker's Compensation

### AUTHORIZED AGENTS - NOTE: Each authorized agent must personally sign this document.

*Signer(s) agrees to maintain current liability insurance, workers compensation coverage, and state licensure or notify the City of Wadsworth of same and be subject to revocation of registration.*

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of State Licensee/Applicant

\_\_\_\_\_  
Today's Date

***Please include a self addressed stamped envelope with mail-in applications.***

**REGISTRATIONS EXPIRE DECEMBER 31<sup>st</sup>**

120 MAPLE STREET \* WADSWORTH, OHIO 44281 \* 330-335-2708 \* Fax 330-335-2711 [kstugmver@wadsworthcity.org](mailto:kstugmver@wadsworthcity.org)

Office use only \_\_\_\_\_ New Registration Number