

Registration # \_\_\_\_\_



## CONTRACTOR REGISTRATION

Date: \_\_\_\_\_

Contractor First/Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of License: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Type of License: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

- Copy of Driver's License
- Copy of Certificate of Insurance

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval (Building Official)

\_\_\_\_\_  
Date

CC/CASH / Check # \_\_\_\_\_

\_\_\_\_\_  
Date

12/17 SMD

City of Sanger  
201 Bolivar / P.O Box 1729  
Sanger, TX 76266

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