



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

CONTRACTOR REGISTRATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS FAX: _____

EMAIL ADDRESS: _____

LICENSE HOLDER NAME: _____

STATE LICENSE NUMBER: _____

OWNER OR MANAGER NAME: _____

INSURANCE COMPANY: _____

LIABILITY POLICY NUMBER: _____

WORKER'S COMP NUMBER: _____

TO BE COMPLETED BY BUILDING DIVISION STAFF

REGISTRATION NUMBER: _____ **YEAR:** _____

THIS REGISTRATION PERMITS THE ABOVE CONTRACTOR TO PERFORM THE FOLLOWING SERVICES AS: _____

COMMENCING: _____ **ENDING:** _____

DATE: _____

BUILDING DIVISION REPRESENTATIVE: _____