



CITY OF DUNCAN

POST OFFICE BOX 969 . DUNCAN, OKLAHOMA . 73534-0969

CONTRACTOR REGISTRATION FORM

Contractor Name: _____
 Business Name: _____
 Contractor DOB: _____
 Contractor Cell: _____
 Mailing Address: _____
 City, State + Zip: _____
 Business Phone: () - _____
 Business Email: _____

Type: _____ Number: _____ Office Use:

Plumbing _____ 1.4403

Mechanical _____ 1.4402

Electrical _____ 1.4401

Alarm Endorsement? _____

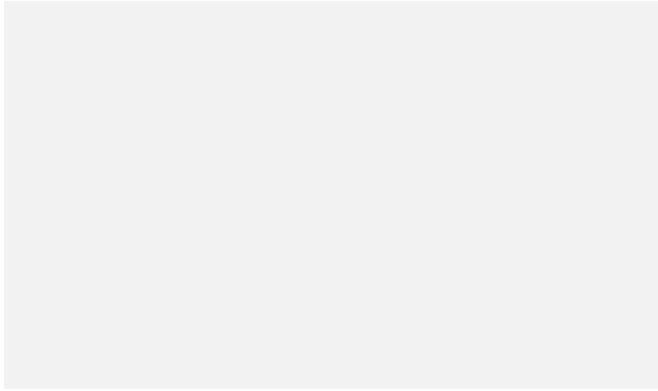
Roofing _____ 1.4404

Commercial Endorsed? _____

Building Commercial Residential

Copy of State of Oklahoma License
Issuing Office: Construction Industries Board

Copy of Contractor's State Driver's License
or other Picture Identification



UPON COMPLETION OF APPLICATION

Mail To: City of Duncan
 c/o Community Development
 Post Office Box 969
 Duncan, Oklahoma 73534-0969

Deliver To: 720 W. Willow Avenue . Duncan, OK

Fax To: (580)255-1710

Email To: kgardner@duncanok.gov
 (or) cnowlin@duncanok.gov

Questions? Call 580-251-7711

I hereby certify that by my signature below that:

1) I possess and will maintain all required license(s) certifying that I am properly credentialed to do the work I will do, 2) I understand that I am the person solely responsible for inspections and all related fees and charges, 3) I agree to abide by all laws and ordinances governing this type of work whether specified herein or not, and 4) I have read and examined this application and the same to be true and correct.

SIGNATURE: _____

DATE: _____

OTHER CONTACTS, JOURNEYMEN AND/OR APPRENTICES: PLBG, MECH & ELECT ONLY!

NAME:	LICENSE OR REGISTRATION:	PHONE:

OFFICE USE ONLY

APPROVED

DENIED

AMT DUE: _____

REC #: _____

EXP DATE: _____

Print: _____

Sign: _____