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: ____________________________