



Contractor Registration Form

Date _____

☐ New Application

☐ Renewal

Type of Contractor

- ☐ Refrigeration
☐ General Electric
☐ Heating and Air Conditioning (HVAC)
☐ General Contractor

- ☐ Hydronic
☐ Combination HVAC/Hydronic
☐ Plumbing

Business Information

Business Name _____

Business Phone _____

Business Street Address _____

Business Fax _____

City, State Zip Code _____

Contact Information

Primary Contact Name _____

Cell Phone _____

Primary Contact Title _____

Email Address _____

License Holder Information

Does anyone in your company hold a current State of Ohio License? (Please include a copy) ☐ Yes ☐ No

License Holder Name _____

Cell Phone _____

License Holder Title _____

Email Address _____

State License Number: _____

Expiration Date: _____

Applicant Name (please print) _____

Applicant Signature _____ **Date** _____

New applications are required to be notarized.

Sworn to and subscribed in my presence this _____ day of _____ 20____

Notary Public Signature _____

FOR INTERNAL USE ONLY

Received by _____ Date _____ Time _____ All materials received ☐ Yes ☐ No