NEW CONTRACTOR REGISTRATION
(please print)

Company Information:
Legal Company Name: ___________________________ DBA: ___________________________
Mailing Address: __________________________________________________________________
City State ZIP
Years in Business: ______

Physical Address: __________________________________________________________________
(if different)
City State ZIP

Telephone Number: ____________ Fax Number: ________________
Website: ___________________________ email: ___________________________
Contractor License Number: ____________ Issuing State: _____ Add'l State: _____

Primary Principal Contact Information:
Last Name: ____________ First Name: ____________ Suffix: ____
Title: _______________ Telephone Number: ____________ email: ___________________________

Roofing Types Serviced:
☐ Shingles ☐ Flat ☐ Clay/Concrete Tile ☐ Metal
☐ Re-roof ☐ Repairs ☐ New Construction Only

Additional Contact Information (if applicable):
Last Name: ____________ First Name: ____________ Suffix: ____
Title: _______________ Telephone Number: ____________ email: ___________________________

Insurance Information:
Workman's Comp Provider: ___________________________ Expiration: ______________

Primary Principal Signature: ___________________________ Date: ______________

For Office Use Only
Reviewed By: ___________________________ Date: ______________