



# Contractor Registration Application

Choctaw License No. \_\_\_\_\_

Official Use Only	
Cash	<input type="checkbox"/>
Check	<input type="checkbox"/> _____
Credit Card	<input type="checkbox"/> _____
Prepaid	<input type="checkbox"/>
Received	_____
Receipt No	_____

The following documents are required for registration or changes to a current registration with the City of Choctaw. (FILL IN EVERY SPACE, INCOMPLETE FORM WILL NOT BE RECOGNIZED.)

1. This completed and signed application *(Must be signed by individual holding the state license).*
2. Copy of current State of Oklahoma CIB License.
3. Copy of current Driver's License or State I.D. Card.
4. Current contractor's insurance policy.

### Trade Type

Check all that apply. Contractor License Fee \$180.00 Per Trade. Other License Fee \$60.00  
Journeyman and Apprentice are at NO COST, but must register with the City Of Choctaw.

- |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Contractor | <input type="checkbox"/> Propane    |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Journeyman | <input type="checkbox"/> Septic     |
| <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Water Well |

### Applicant's Information

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Fax Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Cell Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Emergency Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Company Owner's Legal Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

License Holders Name: \_\_\_\_\_

OK CIB License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Please Print

I hereby certify by **my signature** that I am properly licensed by the State of Oklahoma to work in the occupations I have applied for and that I will abide by all applicable laws governing these occupations. I understand that failure to comply with applicable laws may result in loss of license and/or fines and that the license automatically expires every **June 30th**. I have submitted the required paperwork, including a copy of my state license, drivers license and current contractors insurance.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Do Not Write below This Line Official Use Only

APPROVED \_\_\_\_\_ 20\_\_\_\_

DENIED \_\_\_\_\_ 20\_\_\_\_

CIB Verified: \_\_\_\_\_ BY \_\_\_\_\_