



# Contractor Registration

- Cash
- Check \_\_\_\_\_
- Credit Card \_\_\_\_\_

Shawnee License # \_\_\_\_\_  
This number will be issued with a new License Only

Received \$ \_\_\_\_\_  
 Date: \_\_\_\_\_

- New
- Renewal

Receipt No. \_\_\_\_\_  
 cosinspections@shawneeok.org

**DO NOT WRITE ABOVE THIS LINE, ADMINISTRATIVE USE ONLY**

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

1. **This completed registration form** *(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. **Certificate of Insurance (COI).**
5. **\$2000.00 Surety Bond** *if applicable*

### Trade Type

Check all that apply. Initial Contractor License Fee \$100.00 Per Trade  
 Renewal fee \$75.00 Per Trade within 6 months of expiration

- Electrical
- Mechanical
- Plumbing

*ALL LICENSES LISTED HERE WILL EXPIRE THE LAST DAY OF YOU BIRTH MONTH*

License Fee \$25.00

- Exterminator
- Tree Trimming

License Fee \$75.00 May Apply

- Demolition
- Storm Shelter
- General Contractor
- Solar Installer

\_\_\_\_\_

If your license type is not listed above, write in what you are applying for

*ALL LICENSES LISTED HERE WILL EXPIRE DECEMBER 31ST OF EACH YEAR*

### PLEASE PRINT OR TYPE

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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If not provided, you will not receive a renewal notice

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

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

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 year the same as my CIB License or December 31st** which ever applies. I have submitted the required paperwork, including a copy of my state license (if applicable), drivers license, and a copy of my COI and bond.

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

License Holders Signature: \_\_\_\_\_