

**ST. LOUIS COUNTY – DEPARTMENT OF PUBLIC WORKS
Contractor Registration – Emergency/Disaster Repair**

Applicant Name: _____ Phone: (____) _____

Current Address: _____

Drivers License #: _____ State: _____ Social Security # or Tax ID #: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____ Build: _____

Company Name: _____ State Registered In: _____

Permanent Address: _____

Permanent Phone: (____) _____ In business since: _____

Principal Officer: _____ Permanent Phone: (____) _____

Company is: Insured _____ Bonded _____ Issued By: _____

Name of person who will be directly supervising work: _____

Local Address: _____ Local Phone: _____

| | | | |
|------------------------|-------------|------------------|--------------|
| Vehicle(s) to be used: | Type: _____ | License #: _____ | State: _____ |
| | Type: _____ | License #: _____ | State: _____ |
| | Type: _____ | License #: _____ | State: _____ |

References of past performance (a minimum of at least two references must be provided):

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

A check of Local, State and Federal records may be made. Registration as a St. Louis County Disaster Repair Contractor is contingent on past and future non-fraudulent fulfillment of contractual obligation. Registration may be canceled or rescinded for cause at any time by the Code Official. Decisions of the Code Official may be appealed in accordance with SLCRO Title XI, Public Works and Building Regulations, Chapter 1115, Section 1115.100 Sub-section 113.0 Means of Appeal. Violations of Section 1115.105.1.1.1 including falsification of registration application, are subject to penalties in accordance with Section 1015.100 Sub-section 114.4.

Signature: _____ Date: _____

=====Official Use Only=====

Agency Check By: _____ Date: _____ Negative comments: Yes _____ No _____

Registration #: _____ Issue Date: _____ Expiration Date: _____