

**APPLICATION FOR REGISTRATION OF CONTRACTORS**

**CITY OF BEDFORD, OHIO  
165 CENTER ROAD  
FOR THE CALENDAR YEAR OF \_\_\_\_\_**

**COMPANY NAME** \_\_\_\_\_

**COMPANY ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PRINCIPAL OWNER OF COMPANY** \_\_\_\_\_

**PRINCIPAL OWNER'S ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**OWNER'S SSN** \_\_\_\_\_ **OWNER'S DRIVER'S LIC #** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**TELEPHONE NO (\_\_\_\_\_)** \_\_\_\_\_ **FAX NO (\_\_\_\_\_)** \_\_\_\_\_

**I.R.S. EMPLOYER IDENTIFICATION** \_\_\_\_\_

**WORKMAN'S COMPENSATION IDENTIFICATION NO.** \_\_\_\_\_

**TYPE OF CONTRACTOR** \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**WILL YOU BE DOING WORK THAT REQUIRES U.S.EPA CERTIFICATION OF LEAD SAFE WORK PRACTICES? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, PROVIDE U.S. EPA CERTIFICATION NUMBER AND EXPIRATION DATE. NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_.**

**NO REGISTRATION WILL BE ISSUED UNTIL ALL COMPLETED FORMS ARE TURNED INTO THE BUILDING DEPARTMENT.**

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**TO BE COMPLETED BY THE BUILDING DEPARTMENT**

**INSURANCE:** EVIDENCE OF BODILY INJURY \$100,000/\$300,000 AND PROPERTY DAMAGE INSURANCE \$100,000. CITY OF BEDFORD IS ADDITIONAL INSURED.  
EXPIRATION DATE OF INSURANCE \_\_\_\_\_

**BOND:** \$15,000.00 PERFORMANCE BOND (FORM FURNISHED BY THE CITY)-2015

**STATE OF OHIO CONTRACTOR LICENSE NUMBER** \_\_\_\_\_

**FEE:** \$75.00 ( ) NEW DATE PAID \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
\$50.00 ( ) RENEWAL (UNTIL MARCH 1)