



Application Number: _____

INDIVIDUAL CONTRACTOR CERTIFICATION FORM

Company Name: _____

Name: _____

Home Address: _____

City: _____

State: _____

Phone: () _____ - _____

E-mail: _____ @ _____

Date of Birth: _____

Please indicate if you work in one of the following trades:

Plumbing Mechanical Electrical

If so, are you currently licensed through the Metro Licensing Board? Yes No

Date: _____ **Applicant Signature:** _____

REQUIREMENT CHECKLIST:

Verified Licensure by the Metro Licensing Board (if applicable)

Criminal Background Check Passed

Photo I.D. Issued

Date: _____ **Completed By:** _____