



City of Laredo
Building Development Services Department

General Contractor's Registration Form

Name of Business: _____

Address: _____

Mailing Address: _____

City: _____

Principal Office: _____

Phone # _____

E-Mail: _____

Fax # _____

Tax I.D. _____

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

Name of Contact: _____

Phone # _____

Cell # _____

E-Mail: _____

1. Organization

How many years has your organization been in business as a Contractor? _____

How many years has your organization been in business under its present business name? _____

Under what other or former names has your organization operated?

If your organization is a corporation, answer the following:

Date of incorporation: _____

State of incorporation: _____

President's name: _____

Vice-president's name(s): _____

Secretary's name: _____

Treasurer's name: _____

If your organization is a partnership, answer the following:

Date of organization: _____

Type of partnership (*if applicable*): _____

Name(s) of general partner(s): _____

If your organization is individually owned, answer the following:

Date of organization: _____

Name of owner: _____

If the form of organization is other than those listed above, describe it and name the principals: _____

2. Licensing

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. _____

List jurisdictions in which your organization's partnership or trade name is filed. _____

3. Experience

List the categories of work that your organization normally performs with its own forces. _____

List numbers of years of experience. _____

4. References

Trade References:

1 _____

2 _____

Bank References:

1 _____

2 _____

Insurances:

General Liability:

Builders Risk:

Name and address of agent:

I certify that all information is correct and any misrepresentation will be grounds for cancellation of registration.

5. Signature

Date

Print Name
