

CITY OF SILVIS, ILLINOIS

PLUMBING CONTRACTOR REGISTRATION FORM

Type of Contractor: **PLUMBING (ONLY)**

BUSINESS NAME: _____

Mailing Address: _____

City/State/ZIP: _____

Business Phone: _____ Fax: _____

Website: _____

Federal Tax ID #: _____

Type of Ownership: Corporation Partnership Sole Proprietor

Owner (Officer if Corp): _____

Address: _____

City/State/ZIP: _____

Cell Phone: _____ Other: _____

Email: _____

The following Employees/Officers are authorized to purchase permits as representatives for your company:

(Please note: Anyone who is not listed below will NOT be allowed to purchase a permit for your company.

Also note, Sub-Contractors shall not be considered as authorized agents.)

Name:	_____
Name:	_____
Name:	_____
Name:	_____
Name:	_____

The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.

Signature

Title

Date

**** Please return this form with:**

**current IDPH Plumber License & current IDPH Plumbing Contractor Registration
to City of Silvis 121 – 11th Street Silvis IL 61282 ****

OFFICE USE ONLY: DATE RECEIVED: _____ Received by: _____

Current IDPH Plumber License on-file? _____ Expires: _____

Current IDPH Plumbing Contractor Registration on-file? _____ Expires: _____