

City of Powell
Application for Contractors Registration
-General, Limited, Plumbing/HVAC, Electrical Contractors-

Company Name: _____ Phone: _____

Individual (contact person) Name: _____ Phone: _____

Mailing Address: _____
City, State Zip

Business Address if different from mailing address: _____

Type of Business: _____

Type of Registration: _____

General, Limited, Plumbing/HVAC, Electrical

Do you carry liability insurance? Yes _____ No _____ Attach proof of insurance _____

How long have you worked in Powell? _____

References required – (3) from work performed during past two (2) years:

- 1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

State of Wyoming Electrical Contractors License #: _____
Electrical Contractors Only

Other Contractors Licenses: _____

Applicant agrees to comply with all current codes (including building, plumbing, electrical, etc.) adopted by the City of Powell, obtain all necessary building permits, and to call for all required inspections.

This information will be made available to consumers upon request. City of Powell does not warrant that any contractor registered with the City of Powell has liability insurance coverage, but rather is making available for public inspection all information from contractors who are registered within the City of Powell. All interested parties should verify that information regarding liability insurance is correct, and inquire as to policy limits, policy coverage, etc.

Date: _____
Signature of Applicant

City of Powell - Contractor Registration Information

- 1. Complete application
2. The following items are required to be submitted with this application form.
a. Registration fees: \$100.00
b. Current Certificate of Liability Insurance (if applicable)
Minimum coverage requirements: \$100,000 Property Damage, \$100,000 Bodily Injury, \$300,000 Per Occurrence.
c. Photo ID

Return completed application and required attachments to:
City of Powell – 270 North Clark – Powell, Wyoming 82436

Office use Only:
Date application received: _____, 20____
Required attachments: Fees: _____ ID: _____ Insurance: _____
Date processed and registration card issued: _____, 20_____