



515 Clark Avenue
Ames, IA 50010
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CONTRACTOR REGISTRATION

Type of Contractor:

- General
- Electrical
- Plumbing
- Mechanical
- Sign
- Fire Protection
 - Suppression
 - Fire Alarm

Company Name _____

Mailing Address _____

Company Phone Number _____

Contact Name and Phone Number _____

Contact Email Address _____

Iowa Division of Labor Contractor Registration No. _____

Plumbing and/or Mechanical Contractor License No. _____ Expiration: _____

Plumbing and/or Mechanical Master License No. _____ Expiration: _____

Electrical Contractor License No. _____ Expiration: _____

Electrical Master License No. _____ Expiration: _____

List of Masters' names and disciplines _____

List of Journeymen's names and disciplines _____

I am aware that the Ames Municipal Code requires that every registrant possess current Contractor's Commercial General Liability insurance in not less than \$500,000 combined single limit, and shall provide a Certificate of Liability Insurance (naming the City of Ames as certificate holder). I understand that failure to carry this insurance and maintain State of Iowa Registration is a violation of the Ames Municipal Code and may result in revocation of my registration.

Printed Name _____

Date _____

Signature _____