



City of Murphy  
Contractor Registration Form

**REGISTRATION IS GOOD FOR 12 MONTHS**

Contractor Type:  Builder  Electrician  Plumber  HVAC  
 Irrigator  Other: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Master/License Holder (if applicable): \_\_\_\_\_

Master License Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Please list the name of persons permitted to pull permits for this Master:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Master / Owner:  
\_\_\_\_\_

Date:  
\_\_\_\_\_

**REGISTRATION WILL EXPIRE IN TWELVE (12) MONTHS**

Registration Approved by:  
\_\_\_\_\_

Expiration Date:  
\_\_\_\_\_