



Contractor License **RENEWAL FORM**

Date: _____

Company Name: _____

Qualified Individual: _____

License Type: _____

List all license types you are applying for.

Please fill in all information. All inspection reports will go to the email address listed for the **company.**

Company Name

Mailing Address

City

State

Zip

Telephone Number

Company E-mail Address

Qualified Individual Information:

Name: (First)

(Middle Initial)

(Last)

Home Address

City

State

Zip

Cell Phone Number

Individual's E-mail Address

Company Contacts:

Name

E-mail Address

Name

E-mail Address

Attachments:

- Continuing Education –Include certificates or transcripts showing a minimum of 6 units/credit hours (at least 3 of these credit hours must be code related).
- Roofers---include your State of Kansas Roofing Certificate for the current year.
- We must have a copy of current insurance on file listing the City of Ottawa as Certificate Holder.
- **The applicant realizes that ALL documentation must be completed, and all attachments must be submitted at the same time.**
- **INCOMPLETE applications WILL NOT be processed until all items have been received.**
- **LATE FEES may be assessed for incomplete applications.**
- **It Is YOUR responsibility to verify your licensing status.**
- **Disclaimer:** I hereby certify that all information on this application is accurate. Any false statements made in this application by the applicant will result in license suspension or revocation.

Signature

Print Name