

## CITY CONTRACTOR REGISTRATION

Please fill out the information requested below and submit with a copy of your current Wisconsin State Credentials to:

**City of Sheboygan**  
**Building Inspection Division**  
**828 Center Ave Suite 208**  
**Sheboygan, WI 53081-4442**

There is **NO** fee for completing and submitting this form with the City of Sheboygan. Do **NOT** submit this form for license renewals or when applying for a City of Sheboygan contractor license/certification.

Please call the BI Licensing Specialist at (920) 459-3393 with any questions or concerns.

***Personal (person listed below must match name on qualifier/master credential):***

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone(s): Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

***State Credentials:***

<i>Dwelling or HVAC:</i>	<b>Qualifier #:</b> _____	<b>Contractor #:</b> _____
<i>Electrician:</i>	<b>Master #:</b> _____	<b>Contractor #:</b> _____
<i>Plumbing:</i>	<b>Master #:</b> _____	
<i>Other:</i>	<b>Credential Type:</b> _____	<b>Credential #:</b> _____
	<b>Credential Type:</b> _____	<b>Credential #:</b> _____

***Business (business name must match business name on contractor credential):***

Business Name: \_\_\_\_\_  
 Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_  
 Email address: \_\_\_\_\_