



ST. TAMMANY PARISH

PATRICIA P. BRISTER
PARISH PRESIDENT

Revised 04-19-2016

Application For New Contractor Registration

Check the trade that applies to your state license

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Third Party Inspector	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	

Qualified Party _____

Company Name _____

Address _____

City _____ State _____ Zip code _____

Office Phone# _____ Cell# _____

Fax Number _____

Email Address: _____

State License Number: _____

Occupational License Number (If Applicable) _____

Registration Fee _____ Registration # _____

Payment Method _____

Applicant Signature _____

Date _____