

Community Development: Contractor & Sub-Contractor Registration

Contractor Registration	#	
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Please complete this form and provide the required documents (listed below) to be added to the City of Brandon registered contractor's database. Completed forms can be submitted in person at the Office of Community Development located at City Hall, at 1000 Municipal Drive, Brandon, MS 39042, or mailed to P.O. Box 1539, Brandon, MS 39043.

Registration Types:

The City of Brandon requires that the following types of contractors / trades be registered before a permit can be issued (check all that you are applying to register)

\$25 registration fee applies to each					
General Contractor	Mechanical Contractor				
Residential Builder	Electrical Contractor				
Remodeler	Plumbing & Gas Contractor				
Roofing Contractor	Sign Installation Company				
Swimming Pool Contractor	Other:				

Documents Required:

 _Completed registration form (a new form should be completed annually or whenever there has been o
change within the registering company)
 _Copy of MS Certificate of Responsibility or a valid license issued by the State of MS or a MS Municipality
 _Declaration Page of the General Liability Policy
 _Performance bond in the amount of \$5,000 payable to the City of Brandon MS conditioned upon such
contractor complying with all ordinances and regulations of the city, and the statutes of the state
 _Annual registration fee of \$25 payable to the City of Brandon (per registered trade)

Authorized Signers: You have two ways to add authorized signers to your registration. You can provide either one of the following: (1) On your company letterhead submit a written request, signed and dated by the license holder, indicating the name of each person who has permission to pull permits using the company name. (2) In place of a letter, complete the section below for authorized users, sign and date.

Company	Name:		Owner:									
Email Add	mail Address:											
License Holder's Name:												
License #:				Issued b	y:				Exp d	ate:		
Company Address:												
City:				State:			Zip	code:				
Office #:				Cell #:					Fax:			
Persons who are authorized to pull permits: (leave blank if no one is authorized but the license holder)												
1.				2.				3	3.			

Electise Holder 3 signatore: Date	License Holder's Signature:		Date:	
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