



Community Development Department  
401 S. Johnstone Avenue  
Bartlesville, OK 74003  
918-338-4244  
[www.cityofbartlesville.org](http://www.cityofbartlesville.org)

## CONTRACTOR STATE REGISTRATION CERTIFICATE Roofing

### COMPANY AND CONTRACTOR INFORMATION

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

Contractor Name: \_\_\_\_\_

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

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

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

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

### LICENSEE INFORMATION

Expiration Date of State License: \_\_\_\_\_

State License Number: \_\_\_\_\_

I hereby certify by my signature that I am properly registered with the State of Oklahoma to work as a roofing contractor, and that I will abide by all applicable Federal, State, and Local laws governing this work. I understand that failure to comply with all applicable laws may result in the loss of licenses and/or fines. Additionally, I understand that registration of my State License with the City of Bartlesville shall be submitted annually as it is renewed by the State of Oklahoma.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **For Office Use Only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Business License Approved: \_\_\_\_ Yes \_\_\_\_ No