

CITY OF JACINTO CITY MECHANICAL REGISTRATION

STATE LICENSE# _____ EXPIRATION DATE _____

NAME _____

ADDRESS: _____

TELEPHONE# WORK: _____ HOME OR CELLULAR: _____

A COPY OF STATE LICENSE MUST BE ATTACHED

A COPY OF CURRENT INSURANCE IS REQUIRED

REGISTRATION EXPIRES ON DECEMBER 31 OF THE YEAR ISSUED

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.

REGISTRATION APPLICANT

DATE: _____

CLERK