



2022

Contractor License Form

All license forms must be sent in along with Test Scores, Continuing Education, Certificate of Liability Insurance Minimum of \$ 500,000.00 and Application Fee.

ALL CEU Certificates are to be turned in at Inspection Office

Contractor Licensing Fees:

|  | <u>NEW</u> | <u>RENEWAL (Before 1/1/22)</u> |
|--|------------|--------------------------------|
| Building, General, or Residential Contractor | \$200      | \$100                          |
| Residential, Commercial, or Unlimited Roofer | \$200      | \$100                          |
| Master Water Treatment Installer             | \$200      | \$100                          |
| Irrigation Contractor                        | \$200      | \$100                          |
| Master Plumber, Electrician, Mechanical      | \$200      | \$100                          |
| Journeyman Plumber, Electrical or Mechanical | \$200      | \$100                          |
| Apprentice Plumber, Electrical or Mechanical | \$35       | \$35                           |
| Sign Hanger                                  | \$200      | \$100                          |
| Fence Installer                              | \$200      | \$100                          |
| Concrete Flatwork Contractor/Non-Structural  | \$200      | \$100                          |
| Concrete Foundation/Structural               | \$200      | \$100                          |
| Siding & Window Contractor                   | \$200      | \$100                          |
| Demolition Contractor                        | \$200      | \$100                          |
| Suppression System Installer                 | \$200      | \$100                          |

License(s) Requesting: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Kansas Roofer Registration #: \_\_\_\_\_

Office Use only Test Date \_\_\_\_\_ CEU's \_\_\_\_\_ INS. \_\_\_\_\_

Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ Payment Date \_\_\_\_\_