PRIVATE PROVIDER REGISTRATION FORM

****Private Providers are responsible for keeping registration records current**

Only one license holder per form. **

License holder: _____

Last Name **First Name** **MI**

Name of Company: _____

Mailing Address: _____

Street **City** **State** **Zip**

Phone #: _____ **Business #:** _____

Email Address (required)**:** _____

Multiple license numbers for the same individual may be listed. Please do not list all licenses unless all licenses are utilized.

License # 1: _____

License # 2: _____

License # 3: _____

_____ _____

License Holder Signature **Printed Name as it Appears on License**

Building Department

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