

OFFICE OF THE BUILDING COMMISSIONER
44 W. Washington Street
Shelbyville, IN 46176
(317) 392-5102 FAX (317) 392-5110

****Each application must be accompanied by a certificate of general liability insurance and an original \$10,000.00 surety bond made payable to the City of Shelbyville. BOTH the bond and the certificate of insurance MUST have an expiration date on them. Email address must be contractor's email not a general office email address. The registration fee is \$50.00**

MECHANICAL CONTRACTOR REGISTRATION APPLICATION 2024

COMPANY INFORMATION

Applicant's Name _____

Company Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Email _____

License Number _____

APPLICAN'TS PERSONAL INFORMATION

Address _____

City/State _____ Zip _____

Phone _____

Original Signature of Applicant

For Office Use Only

Bond Received _____ Proof of Ins. Rec. _____ Status _____ Valid Until _____