CONTRACTOR REGISTRATION ASSIGNMENT / AUTHORIZED SIGNER FORM

CITY OF CINCINNATI – DEPARTMENT OF PLANNING – BUILDINGS AND ISNPECTIONS DIVISION
3300 CENTRAL PARKWAY – CINCINNATI, OHIO – 45225 – 513.352.3260 (PHONE) – 513.352.1504 (FAX)
WWW.CINCINNATI-OH.GOV

Date_____

PART I The following individual, having met the requirements for a contractor's registration, hereby requests that the registration be assigned to the business concern indicated.
The registrant is to be granted to engage in business as a _____ contractor, as per chapter 1106 of the Cincinnati Municipal Code, as applicable. The individual herein shall be associated with the business concern as a legal full-time officer, proprietor, partner or employee. The individual will be actively engaged in and perform work only for the business concern to which his/her registration has been assigned.

(PLEASE CHECK ONE) __ INDIVIDUAL ONLY __ SOLE PROPRIETORSHIP __ PARTNERSHIP __ CORPORATION

Part II Only persons listed on this form with signatures attached shall be authorized to sign permit applications.

The following information shall be furnished and the following section shall be completed in full.
Registrant: List yourself on the appropriate line. Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.

PART I

_____
FULL NAME OF BUSINESS (MUST BE IDENTICAL TO NAME APPEARING ON BOND)

_____
BUSINESS ADDRESS CITY STATE ZIP TELEPHONE

EMAIL ADDRESS: _____

_____
REGISTRANT (PRINT OR TYPE NAME) **TITLE** **SIGNATURE**

_____
HOME ADDRESS CITY STATE ZIP TELEPHONE

PART II

1._____
AUTHORIZED SIGNER (PRINT OR TYPE NAME) **TITLE** **SIGNATURE**

_____
HOME ADDRESS CITY STATE ZIP TELEPHONE

2._____
AUTHORIZED SIGNER (PRINT OR TYPE NAME) **TITLE** **SIGNATURE**

_____
HOME ADDRESS CITY STATE ZIP TELEPHONE

3._____
AUTHORIZED SIGNER (PRINT OR TYPE NAME) **TITLE** **SIGNATURE**

_____
HOME ADDRESS CITY STATE ZIP TELEPHONE

4._____
AUTHORIZED SIGNER (PRINT OR TYPE NAME) **TITLE** **SIGNATURE**

_____
HOME ADDRESS CITY STATE ZIP TELEPHONE

The following individual requests a Contractor registration be assigned to the above business, and hereby assigns the rights of that registration.

_____
REGISTRATION # **REGISTRATION HOLDER SIGNATURE & POSITION HELD IN COMPANY**