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## CONTRACTOR REGISTRATION AND RENEWAL FORM

[www.aurora-il.org](http://www.aurora-il.org)

<b>Division of Building and Permits</b> <b>65 Water Street Aurora IL 60505</b> <b>Ph: (630)256-3130 Fax: (630)256-3139</b>	<b>Division of Building and Permits</b> <b>65 Water Street Aurora IL 60505</b> <b>Ph: (630) 256-3130 Fax: (630) 256-3139</b>
<b>Plumber</b> _____	<b>Sprinkler</b> _____ <b>Fire Alarm</b> _____  <b>Alternate Suppression</b> _____

Select only one contractor type per Registration

**PLEASE TYPE OR PRINT**

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

(PLEASE PRINT)

MAILING ADDRESS \_\_\_\_\_

STREET

CITY/STATE

ZIP

BUSINESS TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CELL NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

- Copy of license card with photo identification.
- Copy of State of Illinois Certificate of Registration.
- Legible Faxes are acceptable, (note that photos are frequently not legible via fax.)

**Plumbers:**

If you do not have a Certificate of Registration, please notify the Illinois Department of Public Health at (217) 524-0791.

**Fire alarm, Sprinkler and Alternate suppression:**

Illinois Department of Professional Registration (217) 785-0800

Office of the State Fire Marshal (217) 785-1520

Provide copy of proof of Insurance