



130 6TH STREET WEST
ROOM A
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391

FAX (406) 892-4413

2024 Contractor Registration

Type of Contractor:

- | | |
|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Gas Installation | <input type="checkbox"/> Building Contractor |
| <input type="checkbox"/> Heating & A/C | <input type="checkbox"/> Sign Installation |
| <input type="checkbox"/> Other: _____ | |

INCLUDE A COPY OF YOUR CURRENT STATE LICENSE WITH THIS APPLICATION.

- Excavation (Excavator must furnish a copy of \$5,000 bond)

Annual: January 1 - December 31 Fee = \$40.00

Name of Business: _____

Type of Business: _____

Owner/Manager: _____

Telephone: _____

Physical Address
of Business: _____

Mailing Address
of Business: _____

Business Email: _____

Emergency Contacts:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Additional Notes for Responding Emergency Providers: _____

Signature: _____ Date: _____

I am no longer in business. Termination date: _____

OFFICE USE ONLY	
Date Received: _____	Amount and Method of Payment: _____
Registration Number: _____	Added to BMS: _____ PD/FD: _____ Initials: _____