



PLUMBING CONTRACTORS FOR THE PURPOSE OF PRESSURE PIPING/GAS PIPING



REGISTRATION REQUIREMENTS

- **\$100.00 registration fee**
- **Copy of State License**
- **Complete City of Fairborn Income Tax Division form**

Date: _____ **Federal Tax I.D.:** _____
Taxpayer I.D.: _____

Company Name : _____

Company Representative: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Telephone: _____ **Business Fax:** _____

E-mail Address: _____

I hereby agree, if the above named Company is registered with the City of Fairborn, we will comply with all provisions of the Codes and Codified Ordinances of the City of Fairborn and assist the Mechanical Inspector of the City of Fairborn in the enforcement of said Codes.

If any part of this application is found to be false or I or any person employed by the Company is found not complying with Fairborn's Codes and Ordinances, the Company's registration may be revoked. If revoked, no new heating, ventilation, and air conditioning permits will be issued to this Company.

I hereby agree if the Company's registration is revoked by the City of Fairborn, I shall not make application to have my registration renewed for a period of six (6) months from the date of suspension.

Signature of Company Representative
