



ST. TAMMANY PARISH  
MICHAEL B. COOPER  
PARISH PRESIDENT

Revised 01-23-2020

Application For New Contractor Registration

Check the trade that applies to your state license

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Third Party Inspector	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	

Qualified Party \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Office Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

State License Number: \_\_\_\_\_

Occupational License Number (If Applicable) \_\_\_\_\_

Registration Fee \_\_\_\_\_ Registration # \_\_\_\_\_

Payment Method \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_