



CONTRACTOR REGISTRATION

Please fill out & send back with a copy of Georgia contractor/subcontractor license & photo I.D.

Fax: 706-439-6107

Email: ucee@uniongov.com

Name: _____

Company Name: _____

Contractor Type: _____

Address: _____ City, State, Zip: _____

Phone# _____ Email: _____

License#: _____ Expiration Date: _____

*Contractor Signature: _____

***Signature must be notarized if not signed in person at Union County Building & Development**

For office use only:

Control # _____

Assigned by: _____

Permit # _____