



MASTER ELECTRICAL, PLUMBING, MECHANICAL AND GAS FITTER
CONTRACTOR REGISTRATION

This Registration is for
(✓ Check appropriate trade)

- Master Electrician
Master Plumber
Master of Mechanical Systems
Master Gas Fitter

COMPANY REGISTRATION

This is to certify that \_\_\_\_\_ is presently employed by the company
(Name of Master)
designated below as the Certified Master on a full time basis as the qualifying Supervisor of work, and
shall be responsible for the compliance of the requirements of the codes and ordinances of the City of
Springfield, Missouri, governing the performance of work performed by \_\_\_\_\_
(Print Name of Master)

conducting business as \_\_\_\_\_ and licensed in the City of
(Name of Company exactly as Bus Lic)
Springfield, Missouri. I will notify the Director of the Department of Building Development Services in writing
within thirty (30) days if said employment is terminated.

Business License Number: \_\_\_\_\_
Bond Current: \_\_\_\_\_
Gen Liab Current: \_\_\_\_\_

Authorized Signature for Company
Company Email (Required)
Mailing Address of Company
City State Zip Code
Company Phone Number Fax Number

MASTER REGISTRATION

This is to certify that I am employed by \_\_\_\_\_ as their qualifying
(Name of Company exactly as Bus Lic)
Supervisor as a Master on a full time basis and as such shall be responsible for exercising such supervision
and control of his employer's or principal's construction operations as is necessary to secure full compliance
with the provisions of the various codes, ordinances, rules and regulations of the City applicable to their trade
or work. I presently hold Master Certificate(s) #BTC- \_\_\_\_\_ which expires on \_\_\_\_\_
and will maintain my certification(s) current and valid at all times. \*In the event that my employment is
terminated with this company, I will notify the Director of the Department of Building Development
Services in writing within thirty (30) days following such termination\*.

Print Name of Master

Signature of Master

I am not the registered Master with
any other company. (If I have been in
the past I have signed a Resignation Form)

Email of Master (Required)

Mailing Address

City State Zip Code

Date

Phone Number Cell Number