City of Crete
243 East 13th Street
P.O. Box 86
Crete, NE 68333-0086
Telephone (402) 826-4312

CITY OF CRETE

PLUMBER'S REGISTRATION FORM

Company Name: _____

Address: _____

Telephone Numbers: _____

Owner's Name: _____

Owner's E-mail address: _____

Today's Date: _____

Registering Individual's Name, (Your Name): _____

Registrant's Phone Numbers: _____

Provide Experience Level History: _____

Other Registrations Held: _____

Expiration Date: _____

City Issued Registration #: _____

Crete Registration Fee(s) Paid: _____

Copy of Performance Bond: _____

Current Certificate of Insurance: _____

Photocopy of all Registrations held: _____

Journeyman or Apprentice Registration #'s: _____
for any employees:

_____