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# CITY OF WIMBERLEY EMERGENCY CONTRACTOR CERTIFICATION APPLICATION

### CONTRACTOR CLASSIFICATION: (Mark all applicable)

General     Master Elec.     Journeyman     Apprentice     Plumbing  
 Mechanical     Irrigation     Septic

### Application must be accompanied by the following documents:

- a. A copy of the applicant's valid driver's license
- b. Proof of a General Liability Insurance Policy for an amount not less than \$1,000,000, if the Contractor will be performing a scope of work that exceeds \$2,000 Not provided
- c. For trade contractors, proof of licensing for their respective trades through the state contractors' licensing agency of the state within which their business is located and proof of any minimum insurance required by the state. (Not submitted) cu
- d. Name and address of the contractor's registered agent (if applicable) (Not submitted) cu

### APPLICANT INFORMATION

Name: Larry R. Catt

Address: P.O. Box 740 City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-748-5036

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

State License Number: LC766979 Expiration: \_\_\_\_\_

### COMPANY INFORMATION

Name: Catt Construction

Address: P.O. Box 740 City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-748-5036

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor License Holder: Larry R. Catt

REQUIRED REFERENCES

Provide three (3) references, as shown below, who are competent to judge your experience in the fitness for the occupation in which you seek this certification. No reference may be related to you by consanguinity or affinity, nor may any reference be affiliated with the applicant as a partner, officer, employee, employer or hold any similar position, compensated or non-compensated.

**Reference No.1**

Name: Charles Rocudante Street Address: 13501 RR 12 Phone Number: 512-897-0886  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: \_\_\_\_\_

**Reference No.2**

Name: Kelly Barclay Street Address: 101 River Road Phone Number: 512-847-8275  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: \_\_\_\_\_

**Reference No.3**

Name: David Pierce Street Address: 820 Sachtleber Rd Phone Number: 210-391-8214  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: \_\_\_\_\_

SITE WORKERS

Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

INFORMATION CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signed this the 8<sup>th</sup> day of August, 2015.

  
\_\_\_\_\_  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **CM**  
4a Iss **03/25/2013** 4b Exp **05/01/2019**  
3 DOB [REDACTED]  
1 **CATT**  
2 **LARRY RICHARD**  
8 **355 LINDI LANE/POB 740**  
**WIMBERLEY TX 78676-0000**  
12 Restrictions **NONE** 9a End **NONE**  
16 Hgt **6-00** 15 Sex **M** 18 Eyes **BLU**  
5 DD **30619380035205408832**

*L. K. Co.*