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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 submitted) cm*
- 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) cm*
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted) cm*

### APPLICANT INFORMATION

Name: DAVID KATES

Address: PO BOX 1782 City: WIMBERLEY Zip: 78676

Phone: 512 468 2535 Cell: 512-468-2535

E-mail: SDKATES@GMAIL.COM Fax: N/A

State License Number: N/A Expiration: N/A

### COMPANY INFORMATION

Name: DIAMOND SEVEN CONSTRUCTION

Address: PO BOX 1782 City: WIMBERLEY Zip: 78676

Phone: 512-468-2535 Cell: 512-468-2535

E-mail: SDKATES@GMAIL.COM Fax: N/A

Contractor License Holder: N/A

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: JIM BRANIFF Street Address: 2555 RIVER ROAD Phone Number: 819 9139 713  
Date Work Performed: FROM 2006 to PRESENT  
Brief Description of Work: MAJOR ADDITION + RESTORATION AFTER FLOOD

Reference No.2

Name: TEVIS BRINSTEAD Street Address: 411 LAZY "L" Phone Number: 512 8745 512  
Date Work Performed: LAST 10 YRS "OFF + ON"  
Brief Description of Work: M. BDRM ADDITION + MAINTANCE

Reference No.3

Name: AL SANDER Street Address: 40 N. I-35 #10A2 Phone Number: 512 940-1831  
Date Work Performed: 10+ YEARS  
Brief Description of Work: BUILT NEW PHARMACY (WIMBERLEY) FOR AL + JEAN + IMPROVEMENTS ON "CREEK HOUSE"

SITE WORKERS

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

1. MARTY WALKER (ELEC)
2. \_\_\_\_\_
3. VARIOUS "DIAMOND" 7" CARPENTERS + MYSELF
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 12 day of APRIL, 2016.

David Kates  
Applicant

Texas

DRIVER LICENSE

USA  
TX



4d Dt. [REDACTED] 9 Class C  
4a Iss 11/02/2012 4b Exp 10/20/2018  
3 DOB [REDACTED]  
1 KATES  
2 JOHN DAVID  
6 1401 HIGH MESA  
WIMBERLEY TX 78676-0000  
12 Restrictions NONE 9a End NONE  
16 Hgt 5-08 15 Sex M 18 Eyes BRO  
5 DD 07611281110052188388