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

APPLICANT INFORMATION

Name: Charles Graham

Address: 15570 RR 12 City: Wimberley Zip: 78676

Phone: 512-757-7527 Cell: 512-757-7527

E-mail: [REDACTED] Fax: _____

State License Number: 37355877 Expiration: 1-25-2020

COMPANY INFORMATION

Name: EandG Construction

Address: 15570 RR 12 City: Wimberley Zip: 78676

Phone: 512-757-7527 Cell: 512-757-7527

E-mail: EandGConstruction@gmail.com Fax: _____

Contractor License Holder: Charles Graham Charles Graham

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: Napier Chandler Street Address: _____ Phone Number: 8325972681
Date Work Performed: on going
Brief Description of Work: general carpentry at the cotage on the sewer wemberley rd

Reference No.2

Name: Pat Ehrhart Street Address: _____ Phone Number: 512-847-2096
Date Work Performed: 9-27-16 and 8-30-16
Brief Description of Work: Built a gate also handy man type.

Reference No.3

Name: Mid-State Inc. Street Address: 205 E. Saint Louis Ave. Suite 411 Phone Number: 512-440-8239
Date Work Performed: 2012 to 2015
Brief Description of Work: Install pipes also installed hot trace on all water lines for heat and frost protection

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 4 day of Oct, 2016.

Charles Ehrhart
Applicant

USA
TX

Texas

IDENTIFICATION CARD



4a ID **06/20/2013** 4b Exp **01/25/2020**
 4c ISS **[REDACTED]**
 1 DOB **[REDACTED]**
 2 GRAHAM CHARLES ANTHONY
 3 15570 RANCH RD 12
 WIMBERLEY TX 76676-0000
 16 Hgt **5-09** 18 Sex **M** 19 Eyes **BLU**
 5 DD **07611380166200198788**

Charles A. Graham

OSHA Occupational Safety and Health Administration

This card acknowledges that the recipient has successfully completed a 30-hour Occupational Safety and Health Training Course in Construction Safety and Health

Charles Anthony Graham

7/1/2014
(Course end date)

RICK GLEASON, CIH, CSP

(Trainer name - print or type)