

SEP 16 2015
BY: _____

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

APPLICANT INFORMATION

Name: JC SOLUTIONS AND MAINTENANCE (FERNANDO BATEIN)
Address: P.O. Box 914 City: SAN MARCOS TX Zip: 78667
Phone: (512) 483-1142 Cell: _____
E-mail: JCSOLUTIONS96@YAHOO.COM Fax: _____
State License Number: N/A Expiration: N/A

COMPANY INFORMATION

Name: SAME AS ABOVE
Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____
E-mail: _____ Fax: _____

Contractor License Holder: _____

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: PAT RYAN Street Address: #7 C.F.U. Phone Number: (830) 857-3483
Date Work Performed: 09-2015
Brief Description of Work: CHANGE SIDING, REBUILD DECK.

Reference No.2

Name: CONNIE & JERRY BELL Street Address: #40 C.F.U. Phone Number: (512) 847-3606
Date Work Performed: 07-2015
Brief Description of Work: CHANGE SIDING, WINDOWS,

Reference No.3

Name: JEFF GENUNA Street Address: #400 CYPRESS ^{BOYD LN} Phone Number: (512) 796-1008
Date Work Performed: 06-2015
Brief Description of Work: ~~STAIRS~~, GENERAL REMODELING, SHEETROCK, PATHECON
REMODELING, TRIM WORK, FLOOR STAINING.

SITE WORKERS

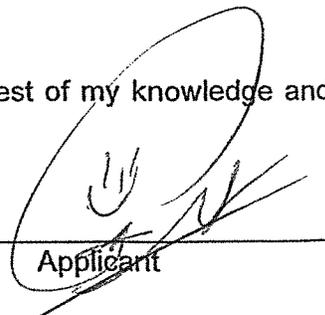
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Carlos Matein.
2. GUSTAVO SIMONET.
3. DANCE WRIGHT
4. MIKE OLMIXON
5. MAC MCCULLOUGH
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 16 day of SEPTEMBER, 2015.



Applicant

IDENTIFICACION CONSULAR
CONSULAR ID CARD



RESERVA

Nombre/Name
**LUIS FERNANDO
BATZIN**

No. Pasaporte/Passport No.
[REDACTED]

Identificación/ID
[REDACTED]

Fecha Nac/Date of Birth
[REDACTED]

Sexo/Sex
M

Expira/Expires
01-JUL-2016

REPUBLICA DE GUATEMALA