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OCT 13 2015

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: MARLON G. FORBES

Address: 606 DEER CROSSING LANE City: WIMBERLEY Zip: 78676

Phone: 703 597-9893 Cell: 703 597-9893

E-mail: [REDACTED] Fax: 703 318-4315

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

COMPANY INFORMATION

Name: N/A - SELF CONTRACTING

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Fax: _____

Contractor License Holder: _____

HAVE HOMEOWNERS INSURANCE WITH HOMEOWNERS INSURANCE THROUGH DEMARESTS Insurance, Wimberley, TX.

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: _____ Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

Reference No.2

Name: _____ Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

Reference No.3

Name: _____ Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

SITE WORKERS

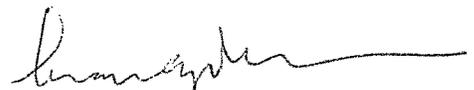
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 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 30 day of SEP, 2015.



Applicant

DRIVER'S LICENSE

Customer identifier

Name
FORBES
MARLIN, GENE



Address
2180 WOLFTRAP CT
VIENNA, VA 22182-5189



MARLIN FORBES

Gene Marlin Forbes

Sex	M	Class	NONE	Date of birth	[REDACTED]
Eyes	GRN	Endorsements	NONE	Iss DUP	05/15/2013
Height	5 FT 11 IN	Restrictions	X	Exp	06/27/2020

Organ Donor
DJJ 070249968