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Cm

## 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 *(Not submitted - exp) cm*
- 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: Mary Symms-Pollot

Address: P.O. Box 197 City: Boise Zip: 83701

Phone: (208) 867-7844 Cell: same

E-mail: [REDACTED] Fax: none

State License Number: ZB159522A Expiration: 2016

**COMPANY INFORMATION**

Name: no company - working on my mothers house only

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: \_\_\_\_\_ 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**

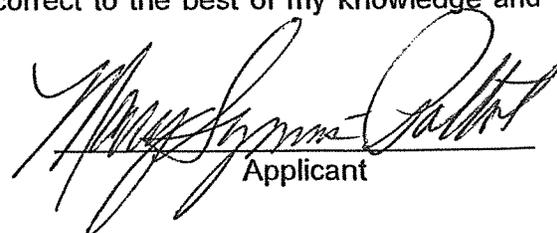
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

- 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 9 day of July, 2015.

  
Applicant

IDAHO

CONCEALED WEAPONS  
LICENSE

COUNTY ID NUMBER  
010

DRIVER'S LICENSE / ID NUMBER

SYMMS, MARY  
6103 S SETTLEMENT WY

BOISE, ID 83716

| SEX           | HEIGHT     | WEIGHT     | HAIR | EYES |
|---------------|------------|------------|------|------|
| F             | 5 07       | 200        | BRO  | BRO  |
| DATE OF BIRTH | ISSUED     | EXPIRES    |      |      |
|               | 09/26/2006 | 09/26/2011 |      |      |



*Mary Symms*