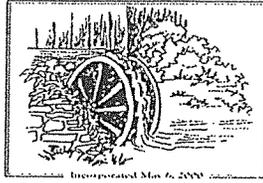


I am applying to be my own contractor to repair my house from flood damage over Memorial Weekend.



AUG 18 2015

CW

## 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 copy of the applicant's valid driver's license
- 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
- 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
- Name and address of the contractor's registered agent (if applicable) (Not Submitted) CW

### APPLICANT INFORMATION

Name: Robin Renee Hix

Address: pobox 1558 City: Wimberley TX Zip: 78676

Phone: 512-217-3634 Cell: \_\_\_\_\_

E-mail: [REDACTED] Fax: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

### COMPANY INFORMATION

Name: \_\_\_\_\_

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 18 day of Aug, 2015.

  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4a DL [REDACTED] 9 Class **C**  
4a Iss **12/21/2010** 4b Exp **01/07/2018**

DOB [REDACTED]  
1 HIX  
2 ROBIN RENEE

3 POB 1558 101 ROCKWOOD  
WIMBERLEY TX 78676-0000

12 Restrictions **A** 9a End **NONE**

10 Hgt **4-10** 16 Sex **F** 18 Eyes **BLU**

5 DD 08619081025251608038

*Robin Renee Hix*