



JUL 13 2015

# CITY OF WIMBERLEY EMERGENCY CONTRACTOR CERTIFICATION APPLICATION

## CONTRACTOR CLASSIFICATION: (Mark all applicable)

General  Master Elec.  Journeyman  Apprentice  Plumbing  
*Demolition*  
 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 *NO INSURANCE (Not submitted)*
- 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: Perry Sheffield.

Address: 1111 Longhorn Trail City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-799-6691

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## COMPANY INFORMATION

Name: Sheffield Recycling.

Address: 1111 Longhorn Trail. City: Wimberley Zip: 78676

Phone: \_\_\_\_\_ Cell: 512-799-6691

E-mail: Sheffieldperry@yahoo.com 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: Sydney Thompson Street Address: \_\_\_\_\_ Phone Number: 512-847-5479  
Date Work Performed: 3/27/15  
Brief Description of Work: Moved Building on Skids. Cleared and hauled brush  
trash

**Reference No.2**

Name: Colleen Judd Street Address: \_\_\_\_\_ Phone Number: (512) 925-0157  
Date Work Performed: 5/30/15  
Brief Description of Work: Demolish & Haul off house on Deer Trl. Cleared  
brush, & debris. Hauled trash, sheetrock, insulation & old deck.

**Reference No.3**

Name: Tom Miller Street Address: \_\_\_\_\_ Phone Number: 512-415-2018  
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. Chris Caecelias
2. Joe Sheffield
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 10 day of July, 2015.

Perry Sheffield  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4a DI [REDACTED] 9 Class C  
1a Iss 01/29/2013 4b Exp 02/03/2019

3 DCB [REDACTED]  
1 SHEPFIELD  
2 PERRY JOSEPH

8 1111 LONGHORN TRAIL  
WIMBERLEY TX 78676-0000

12 Restrictions A 9a End NONE  
16 Hgt 5-11 15 Sex M 18 Eyes BLU  
5 DD 10619380015229818248

*Perry Sheffield*