



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

APPLICANT INFORMATION

Name: Sibyl Burrews  
 Address: 970 Verde Vista Dr    City: Wimberley    Zip: 78676  
 Phone: 512-847-8070    Cell: 512-924-4477  
 E-mail: [REDACTED]    Fax: 847-8070  
 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 29 day of Sept, 2015.

  
\_\_\_\_\_  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class C  
4a Iss 06/18/2014 4b Exp 03/03/2020  
3 DOB [REDACTED]  
1 SURROWS  
2 SYBVL WILLIS  
8 970 VERDE VISTA DR  
WIMBERLEY TX 78676  
12 Restrictions NONE 9a End NONE  
16 Hgt 5-00 15 Sex F 16 Eyes BLU  
5 DD 18611480164118388388