



SEP 10 2015  
@ 2:16 pm

# 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) <sup>NO</sup> 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: STEPHEN B. WILLIAMS

Address: 27420 MARKWAYNE City: SAN ANTONIO Zip: 78249

Phone: 830-438-3358 Cell: 210-860-7082

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

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

## COMPANY INFORMATION

Name: N/A

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**

*NA*

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

**Reference No.2**

*NA*

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

**Reference No.3**

*NA*

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. X-TREME CONSTRUCTION - OWNER LOUIS GAWLIK
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 10 day of SEPTEMBER, 2015.

  
Applicant

Texas

USA  
TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class C  
4a Iss 06/13/2013 4b Exp 07/24/2019  
3 DOB [REDACTED]  
1 WILLIAMS  
2 STEPHEN BRADFORD  
8 27420 MARK WAYNE DR  
SAN ANTONIO TX 78261-0000  
12 Restrictions A 9a End - NONE  
16 Hgt 5-08 15 Sex M 18 Eyes BLU  
5 DD 63619380065113488363

*Stephen Williams*