

RECEIVED  
AUG 18 2015  
@ 12:11 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 <sup>per year</sup> (Not submitted) *Can*
- 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) *Can*
- d. Name and address of the contractor's registered agent (if applicable) (Not submitted) *Can*

### APPLICANT INFORMATION

Name: Tom Miller

Address: 230 Hemmingford City: Wimberley Zip: 78676

Phone: 512-415-2018 Cell: SAME

E-mail: millersconstruction@b-mail.com Fax: \_\_\_\_\_

State License Number: TRCC# 37557 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: James Dodds Street Address: \_\_\_\_\_ Phone Number: 725-933-181  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: Paradise Hills and San Marcos  
Remodeled two houses

Reference No.2

Name: Kate Hilton Street Address: Kate's Place Phone Number: 781-705-1291  
Date Work Performed: \_\_\_\_\_  
Brief Description of Work: Remodel Restaurant and House

Reference No.3

Name: Melvin Einarson Street Address: SHOP the TREE Phone Number: 512-567-0070  
Date Work Performed: \_\_\_\_\_ House  
Brief Description of Work: Remodeled store

SITE WORKERS

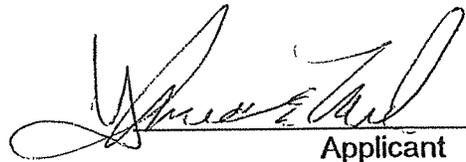
Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Wimberley Plumbers
2. Fischer A/C
3. Source Electric
4. ENS Drywall & Paint
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 8, 2015.

  
Applicant

TDL 06903270

Texas

USA  
TX

DRIVER LICENSE



1a DL [REDACTED] 9 Class **CM**  
1b Exp **07/06/2011** 4b Exp **07/14/2017**

1c Name  
**MILLER  
THOMAS EDWARD**

2 Address  
**230 HUMMINGBIRD  
WIMBERLEY TX 78676-0000**

12 Restrictions **A** 9: End **NONE**

16 Hgt **5-11** 15 Sex **M** 18 Eyes **HAZ**

5 DD **49611180079006218692**

*Thomas Miller*