



Bryce A. Stuart Municipal Building  
 Suite 328, 100 E. First Street  
 Winston-Salem, NC 27101  
 P.O. Box 2511  
 Winston-Salem, NC 27102-2511  
 Email: askinspect@cityofws.org  
 Phone: (336) 727-2624  
 Fax: (336) 747-9428

## APPLICATION FOR CONTRACTOR ID NUMBER

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Office Use:

Date \_\_\_\_\_ Contractor ID # \_\_\_\_\_ Completed by \_\_\_\_\_

One application per contractor type

*Applicant Information: all related fields must be filled in*

Business Name \_\_\_\_\_

Name of Business Owner or Business President \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email address to send plan review and/or inspections notifications to \_\_\_\_\_

What type of contractor is the contractor ID for? Select the one that applies:

- Building     State Licensed     Non-State Licensed
- Electrical     State Licensed     Low Voltage
- Mechanical     State Licensed     Exhaust only
- Plumbing     State Licensed     Plumbing/Heater State Licensed
- Refrigeration     State Licensed
- Other     Fuel Gas     Gas Fitting     Insulation     Paving, State Licensed  
            Paving, Non-State Licensed     Sign     Sprinkler     Wrecking

If not listed above, please describe the type of work the business conducts \_\_\_\_\_

North Carolina State License number (if applicable) \_\_\_\_\_

North Carolina State License Qualifier (name) \_\_\_\_\_

I hereby certify that all of the information contained in this application is correct. If executed by an individual  
 For a corporate entity, I certify that I am duly authorized to sign on behalf of the corporate entity.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The City of Winston-Salem reserves the right to examine documentation supporting information provided herein. Please contact Inspections Division to retrieve your assigned contractor id number.