



MASTER ELECTRICAL, PLUMBING, MECHANICAL AND GAS FITTER
CONTRACTOR REGISTRATION

This Registration is for
(Check appropriate trade)

- Master Electrician
Master Plumber
Master of Mechanical Systems
Master Gas Fitter

COMPANY REGISTRATION

This is to certify that _____ is presently employed by the company
(Print Name of Master)
designated below as the Certified Master on a full time basis as the qualifying Supervisor of work, and
shall be responsible for the compliance of the requirements of the codes and ordinances of the City of
Springfield, Missouri, governing the performance of work performed by _____
(Print Name of Master)
conducting business as _____ and licensed in the State of Missouri
(Name of Company)
and/or the City of Springfield, Missouri. I will notify the Director of the Department of Building Development
Services in writing within thirty (30) days if said employment is terminated.

Verification of Business License
Business License Number: _____

Authorized Signature for Company

Address of Company

City State Zip Code

Phone Number Fax Number

MASTER REGISTRATION

This is to certify that I am employed by _____ as their qualifying
(Name of Company)
Supervisor as a Master on a full time basis and as such shall be responsible for exercising such supervision
and control of his employer's or principal's construction operations as is necessary to secure full compliance
with the provisions of the various codes, ordinances, rules and regulations of the City applicable to their trade
or work. I presently hold Master Certificate(s) #BTC-_____ which expires on _____
and will maintain my certification(s) current and valid at all times. In the event that my employment is
terminated with this company, I will notify the Director of the Department of Building Development
Services in writing within thirty (30) days following such termination.

Print Name of Master

Signature of Master

I am not the registered Master with
any other company. (If I have been in
the past I have signed a Resignation Form)

Address of Master

City State Zip Code

Date

Phone Number