

Office use only		
Date Received:		

CONTRACTOR REGISTRATION

<u> </u>					
COMPANY INFORMATION					
Company Name:					
Company Contact:					
Address:					
	one #: Email:				
Authorized Work Hours/Days:					
AUTHORIZED DRIVERS (DRIVERS WIL	L NEED TO SHOW ID UPON FIRST (CHECK IN)			
Authorized Driver Name	Email address for Pass*	Assigned Vehicle Plate#**			
*You may use the company same email address for passes if necessary and print them. Each driver will need a pass that matches their ID for entry.					
**We understand that vehicles change. This column is optional.					
When a person is terminated or added, it will be your responsibility to contact us. In April of each year, we will issue a renewal for this registration.					
AGREEMENT & SUBMISSION By signing this you are taking responsibility for your drivers for any fines from violations of the Rules and Reg of BBVCC. You also understand that entry into the Village is only authorized to perform work that has been properly authorized. No solicitation is allowed.					
SIGNATURE:		DATE:			



Office use only		
Date Received:		

AUTHORIZED CLIENT LIST

PLEASE COMPLETE THE FOLLOWING LIST FOR HOMEOWNERS WHO HAVE AUTHORIZED WORK WITH YOUR COMPANY.

Homeowner Name	Homeowner Address	Authorized Scope of Work/Notes

Please contact us when/as changes are made