



**City of West Plains  
Plumbing, Electric, & HVAC Certification Application**

New       Renewal

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Please select the category that best describes the nature of your business:

Plumber     Electrical     HVAC

Workers' Compensation Coverage – If you are a Contractor in the construction industry, with one or more employees, other than yourself, you are required by State Statutes RSMo 287.061 to provide a Certificate of Insurance for Workers' Compensation coverage. If you do not employ any employees other than yourself, you may qualify for an Affidavit of Exemption for Workers' Compensation Insurance pursuant to RSMo 287.061. This form is available at City Hall and requires the signature of the applicant attesting that the contractor is exempt.

**I declare, under penalty of perjury, that this application has been examined by me, and that the statements made herein are in good faith pursuant to the City of West Plains tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State Driver License #: \_\_\_\_\_ Last 4 of SS #: \_\_\_\_\_

Please return this application, with the needed documentation along with your remittance of the appropriate Business Fee(s) payable to the **City of West Plains**. If you have any questions, contact Kellie Mayers at (417) 256-7176.