

## Contractor/Services Registration – Form F

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      CELL PHONE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

POLICY DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

THIS COPY OF INSURANCE MUST INCLUDE THE DECLARATIONS PAGE  
SHOWING EFFECTIVE AND EXPIRATION DATES.

MAIN TYPE OF PROJECTS/SERVICES PERFORMED AT LTA:

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### OFFICE USE ONLY:

COPY OF LIABILITY INSURANCE COVERAGE DATE FILED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LTA ISSUED CONTRACTOR/SERVICES VEHICLE STICKERS:

VEHICLE STICKER # ISSUED: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE STICKER # ISSUED: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE STICKER # ISSUED: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE STICKER # ISSUED: \_\_\_\_\_ YEAR: \_\_\_\_\_