# TOWN OF BASIN

## BUILDING CONTRACTOR'S REGISTRATION

919 WEST B STREET
PO BOX 599
BASIN, WYOMING 82410

TEL 307-568-3331
FAX 307-568-9352
www.thetownofbasin.com

**DATE:** _____ **REGISTRATION #**_____

| |
|---|
| Business Name: |
| |
| Business Address: |
| |
| NAME: |
| |
| Residence Address: |
| |
| Social Security Number or IRS Identification Number: |
| |
| Driver's License Number: Issuing State: |
| |
| Wyoming Unemployment Insurance Division Account # |
| |
| Proof of Worker's Compensation Coverage: |
| |

**All Contractors, including sole proprietors, MUST register with Wyoming Workers' Compensation. Please see back of form for additional information.**

****** Electrical Contractors have additional requirements*****

| |
|---|
| ***Type of work to be performed under the License:*** |
| |
| How long engaged in such work and specify **FULL-TIME or PART-TIME:** |
| |
| **TELEPHONE NUMBERS** **BUSINESS:** |
| **RESIDENCE/PRIMARY:** |

*When any excavation is performed, I (the above contractor) will restore all such streets, alleys and avenues to their original condition after repair work or said pipes, main or conduits have been laid or re-laid as the case may be at my exclusive expense and without charge to the Town of Basin. If, at the sole discretion of the Town Mayor and Town Council, the said streets, alleys and avenues, or other public property, have not been repaired and restored within a time that said Mayor and Town Council deems responsible, then the Town of Basin shall repair and restore or cause the same to be repaired and restored, and I will pay the Town of Basin for all costs and expenses in repairing and restoring of said streets, alleys, avenues and public property.*

**PLANS CHECKED BY:** _____ **DATE**: _____

**REGISTRATION FEE: $25.00**

**RECEIPT #:**_____

_____ _____

**APPLICANT** **DATE**

**This contractors permit is and ANNUAL REQUIREMENT of the Town of Basin**

**There is an application fee of $25.00**

It is the responsibility of the contractor to obtain this information and submit it to the Town of Basin Office along with this completed contractor's Registration Application.

If you need assistance with this, you can call the Division of Workers' Compensation Office in Cheyenne, Wyoming at 307-777-6763, or if you already know your Workers' Compensation Policy number, you can go on-line at http://cogs.state.wy.us to have a certificate sent to our office.

For first time users, you must provide the following information to establish a login:

1. Workers Compensation Policy number (this is your WC employer number and it must be 9 digits).
2. Federal Tax Identification number.
3. Coverage effective date.

   If you do not know your coverage effective date, please contact the Division by telephone at 307-777-6763 or by fax at 307-777-529833

**REQUEST FOR WORKER'S COMPENSATION & UNEMPLOYMENT INSURANCE**

# CERTIFICATE OF COVERAGE

**http://cogs.state.wy.us**

**SEND TO:**

**WORKERS' SAFETY & COMPENSATION**
**EMPLOYER SERVICES**
**1510 EAST PERSHING BLVD**
**CHEYENNE, WY 82002**
**FAX #: 307-777-5298**

**WYOMING UNEMPLOYMENT TAX DIVISION**
**EMPLOYER SERVICES**
**PO BOX 2760**
**CASPER,WY 82602**
**FAX # 307-235-3278**

**COMPANY NAME/OWNER NAME:** _____

**WC EMPLOYER #:** _____

**UI ACCOUNT #:** _____

**ADDRESS:** _____

_____

**PHONE #:** _____

**PLEASE ISSUE THE CERTIFICATE TO:**

| | |
|---|---|
| **CONTRACTOR:** | **THE TOWN OF BASIN** |
| **ATTENTION:** | **DEAUN TIGNER/Clerk-Treasurer** |
| **MAILING ADDRESS:** | **PO BOX 599**<br>**BASIN, WY 82410** |
| **EMAIL:** | **townofbasinclerk@gmail.com** |

**RE/JOB:** _____

_____

_____

_____ _____

**SIGNATURE** **DATE**