



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

For office use only:	
Year:	_____
Registration No.:	_____
New _____	Renewal _____

APPLICATION FOR CRAFTSMAN REGISTRATION

A CRAFTSMAN REGISTRATION ALLOWS A CONTRACTOR TO PERFORM THE FOLLOWING WORK:

- | | | |
|---|-----------------------|--|
| DRYWALL | FLOOR COVERING | INSULATION |
| MILLWORK | PAINTING | SIDING |
| CEILING (Finishing/Installing Ceiling Grid/Tile) | | FENCING (Permit required if over 6') |
| MOVING A BUILDING/STRUCTURE (Permit Required) | | RETAINING WALLS (Permit required if over 4' from footing) |
| WINDOWS AND DOORS (No change in rough opening & no new framing of opening) | | |

A CRAFTSMAN REGISTRATION IS ALSO REQUIRED FOR THE FOLLOWING SPECIALTY WORK WHEN THE WORK IS BEING PERFORMED AS A **SUB CONTRACTOR** TO A **GENERAL CONTRACTOR**

- | | | | |
|----------------------------|---------------------------------------|----------------------------|-----------------|
| STRUCTURAL CONCRETE | RIGHT-OF-WAY CONCRETE | ROOFING | CONCRETE |
| FIRE SPRINKLER | FIRE ALARM & COMMUNICATION | FRAMERS OR ERECTORS | |
| DEMOLITION | MASONRY | SWIMMING POOLS | SIGNS |

BUSINESS NAME _____ EMAIL ADDRESS _____

BUSINESS ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

BUSINESS PHONE _____ FAX _____ CELL PHONE _____

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

PROVIDE ONE: FIN = Federal Identification Number EIN = Employer Identification Number SSN = Social Security Number

OWNERS NAME _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY (LIABILITY) _____ AGENT'S NAME _____ AGENT'S PHONE NUMBER _____

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

In accordance with Section 8-195 a minimum of \$500,000 per occurrence is required and worker's compensation required by the State of Kansas.

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

PRINT NAME _____ SIGNATURE _____ DATE _____

For Office Use Only

Date Application Approved/Denied: _____ Good through 12/31/ _____

Amount Paid \$ _____	Receipt No. _____	Date: _____	Received By: _____
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Craftsman Registration Requirements

A craftsman registration includes the following work:

Ceiling (Finishing/Installing Ceiling Grid/Tile)	Drywall
Fencing (Permit required if over 6 feet tall)	Floor Covering
Insulation	Millwork
Moving a Building/Structure (Permit Required)	Painting
Retaining Walls (Permit required if over 4' from footing)	Siding
Windows and Doors (No change in rough opening & no new framing of opening)	

A craftsman registration is also required for the following specialty work when the work is being performed as a **sub contractor** to a **general contractor**.

Concrete	Demolition
Fire Alarm & Communication	Fire Sprinkler
Framers and Erectors	Masonry
Right-of-Way Concrete	Roofing
Signs	Structural Concrete
Swimming Pools	

In the city, or cause the same to be done, unless such person holds any classification of building contractor license or have been validly registered with the city as a registered craftsman to perform such work, subject to the same exemptions to the building contractor license requirements set forth herein.

To be exempted from the registration requirements one of the following must apply:

- (a) The owner of an owner-occupied dwelling shall not be required to be registered in order to do work regulated by the above requirements.
- (b) Persons who own property or are regularly employed by the property owner are exempt from the registration requirement when they are performing work on property that is exempt from the requirements for a permit. An appropriate registration is required for all work that requires a permit.

In order to be registered the following requirements must be met:

- Completion of an application form available from the City Clerk's Office
- Payment information available of the License Fee Schedule on the website valid for 3 years (make check payable to City of Salina)
- Provide Certificate of Insurance* listing the City of Salina as the Certificate Holder with the following coverage:
 - Liability insurance - \$500,000 minimum (Per occurrence).
 - Workers Compensation, if required by state law.

***Make sure your insurance certificate shows the insured's name the same way you wish to be registered. If your name is on the certificate, your name will be the way you are registered, not your company name.**

Performing work without a proper registration is a violation of the Salina City Code and may result in criminal misdemeanor charges being filed in Salina Municipal Court. In extending the rights and privileges of the registration, the city makes no statement of the technical competency of the registrant.

For Additional Information Contact:
City of Salina City Clerk's Office
300 West Ash Street, Room 206
P.O. Box 736, Salina, KS 67402-0736
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