



**TOWN OF HILTON HEAD ISLAND**  
**Community Development Department**  
 One Town Center Court  
 Hilton Head Island, SC 29928  
 843-341-4757 FAX 843-842-8587

**MECHANICAL CONTRACTOR LICENSE  
 REGISTRATION / AUTHORIZATION**

**DATE:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_  
 (As licensed with the State of SC)

**Type of License:**            **ELECTRICAL**     **PLUMBING**     **HVAC**

**SC State License #** \_\_\_\_\_    **Business License #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_    **E-mail Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Name of Qualifier:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_    **Cell Phone #:** \_\_\_\_\_

**THE NAMES AND SIGNATURES BELOW ARE AUTHORIZED TO SIGN FOR  
 MECHANICAL CERTIFICATES AND/OR PERMIT APPLICATIONS**

**PRINT NAME:** \_\_\_\_\_    **SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_    **SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_    **SIGNATURE:** \_\_\_\_\_

**QUALIFIER NAME:** \_\_\_\_\_    **SIGNATURE:** \_\_\_\_\_

**Notarization of Qualifier's signature:**

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 2\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

My Commission expires: \_\_\_\_\_  
 Please affix seal or stamp.