

**GEM COUNTY CONTRACTOR LICENSE FORM**

**Email completed form to: [jvanderbilt@co.gem.id.us](mailto:jvanderbilt@co.gem.id.us)**

*For Office Use Only*

CONTRACTOR NAME: \_\_\_\_\_

PHONE  
NUMBER: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

CELL  
NUMBER: \_\_\_\_\_

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

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

CONTRACTOR ID: \_\_\_\_\_

License Number: \_\_\_\_\_

License Issued: \_\_\_\_\_

License Expiration: \_\_\_\_\_

*\*Email will be used to confirm any inspections you schedule online.*

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NOTES: