

**BALTIMORE CITY  
ON-SITE UTILITY CONTRACTOR REGISTRATION INSTRUCTIONS**

Complete the application for the On-site Utility Contractor Registration and return with a copy of your Certificate or Prequalification or valid Utility Contractor License from the county you are currently licensed with, a copy of your certificate of insurance, and a check/money order in the amount of \$150.00 made payable to the *Director of Finance*.

Baltimore City's registration period is January 1<sup>st</sup> through December 31<sup>st</sup>. All registrations expire on December 31<sup>st</sup> of each year. The renewal fee is \$150.00. Send all request for information to [DHCD.Permits@baltimorecity.gov](mailto:DHCD.Permits@baltimorecity.gov).

The certificate holder on the insurance certificate should read as follows:

Mayor and City Council of Baltimore City  
Trades Licensing and Registration  
417 E. Fayette Street, Room 100  
Baltimore, Maryland 21202

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Department of Housing and Community Development  
Trades Licensing and Registration  
417 E. Fayette Street, Room 100  
Baltimore, MD 21202  
Phone: 443-984-1809 Fax: 410-545-1807  
[DHCD.Permits@baltimorecity.gov](mailto:DHCD.Permits@baltimorecity.gov)

**NEW ON-SITE UTILITY CONTRACTOR REGISTRATION APPLICATION**

(PLEASE PRINT ALL INFORMATION EXCEPT FOR THE SIGNATURE)

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Residence Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(REQUIRED)

License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

Firm Represented: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Firm Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Before the registration is issued, you will be required to submit a valid photo ID in order to receive your ePermits access code. The code is needed to register your registration. When this is needed, you will be contacted via the email address listed above. Your registration will be emailed to the email address listed above.*

**DO NOT WRITE IN THIS SPACE | DHCD STAFF ONLY**

RECEIVED \_\_\_\_\_

FEE \$ \_\_\_\_\_ ( ) CK ( ) MO ( ) C

BALTIMORE CITY REGISTRATION NO.: \_\_\_\_\_

ISSUED \_\_\_\_\_