



Contractor Information

Type of Update: New Member Update Information

Contractor Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Metro Area: _____

E-mail: _____

Website: _____

Contact: _____

Phone: _____

Fax: _____

Categories: *(Pick all categories that apply)*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Air Conditioning Systems | <input type="checkbox"/> Controls | <input type="checkbox"/> Insulation | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Backflow Testing | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Med Gas | <input type="checkbox"/> Retrofit |
| <input type="checkbox"/> Boiler/burner repair & installation | <input type="checkbox"/> Government | <input type="checkbox"/> MWESB Contractor | <input type="checkbox"/> Service & Repair |
| <input type="checkbox"/> Clean Rooms | <input type="checkbox"/> Heating – Hydronics | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Heating – Warm Air | <input type="checkbox"/> Prefabrication | <input type="checkbox"/> Utilities |
| | <input type="checkbox"/> Industrial | <input type="checkbox"/> Process Piping | <input type="checkbox"/> Ventilation |
| | | <input type="checkbox"/> Remodeling | |

Authorized by: _____

Please return a copy back to Frank Wall at PMCA.