



**Third Party Inspector Registration**

**Name of Applicant** \_\_\_\_\_

**Name of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**SEND COPIES OF :**  
**License Number**

\_\_\_\_\_

**Master License**

\_\_\_\_\_

**Date of Registration Expiration** \_\_\_\_\_

**\*\*\*\*\*Registration is \$100.00 and valid for one year within the town limits of Lakewood Village.**

**\*\*\*\*Send copies of all licenses i.e., drivers, masters.**