



Phone (817) 952-2140
Fax (817) 952-2211

Contractor Registration Application

2016

Registration fee: \$100.00 per contractor type.

Registration Number

Date Received:

Company Name	
Owner/Officer of the Company	Title

(Officer of the company – e.g., President, Vice President, CEO.) This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with City codes and ordinances. Please attach a current Legible (text and picture) copy of this person's driver's license, or if the owner or officer does not possess such a valid driver's license then such other identity card or document issued by the federal or state Government containing the picture and signature of said person.

Mailing Address		Suite
City	State	Zip
Physical Address (if different)		Suite
City	State	Zip
Email Address		
Business Phone	Alternate Phone #1	Alternate Phone #2

Contractor Type			
<input type="checkbox"/> General	<i>Commercial, Residential, etc...</i>	<input type="checkbox"/> Irrigation	<i>Tx State License Required</i>
<input type="checkbox"/> Cement	<i>\$2500 Bond Required</i>	<input type="checkbox"/> Fence	
<input type="checkbox"/> Mechanical	<i>Tx State License Required</i>	<input type="checkbox"/> Roof	
<input type="checkbox"/> Electrical	<i>Tx State Master License Required</i>	<input type="checkbox"/> Swimming Pool	
<input type="checkbox"/> Plumbing	<i>Tx State RMP License Required</i>	<input type="checkbox"/> Sign	<i>Tx State License Required</i>
<input type="checkbox"/> Utility		<input type="checkbox"/> Energy	<i>Tx State License Required</i>

Drivers License #	State
-------------------	-------

Texas State License #

Texas State License #

Please list three (3) cities in which your company has recently performed work:

--	--	--

Please list those who will have authority to apply for permits in your company name:

--	--	--

- Submit application and pay by cash, check or credit card in person.
- One time charge on my credit card. Application by fax or mail. (credit card payment form required)

Applicant Name (Print)

Applicant Signature	Date:
---------------------	-------