



Registration for Electrical/Plumbing/HVAC/General

Today's Date: _____ Contractor Type: _____

Professional Information:

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Drivers License Number: _____

Phone #: (_____) _____ - _____ Alt #: (_____) _____ - _____

E-Mail: _____

Company Information:

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Tax Identification Number: _____

Phone #: (_____) _____ - _____ Alt #: (_____) _____ - _____

Fax #: (_____) _____ - _____

Company

Website: _____

Signature: _____

Persons Authorized by You to Sign Permits:

Name: _____ Phone #: (_____) _____ - _____

OFFICE USE ONLY

Required Information To Be Provided:

Contractor's License #:	Insurance with the State of Texas: <input type="checkbox"/> Y <input type="checkbox"/> N
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Master License #:	Driver's License #:
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Date Received:	Received By:
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