



# CONTRACTOR REGISTRATION FORM

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## TYPE OF CONTRACTOR LICENSE

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| <input type="checkbox"/> ELECTRICAL CONTRACTOR   | <input type="checkbox"/> MECHANICAL (HVAC)                |
| <input type="checkbox"/> MASTER ELECTRICIAN      | <input type="checkbox"/> IRRIGATOR (LANDSCAPE)            |
| <input type="checkbox"/> MASTER SIGN ELECTRICIAN | <input type="checkbox"/> BACKFLOW (special form required) |
| <input type="checkbox"/> MASTER PLUMBER          | <input type="checkbox"/> OTHER                            |
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## CONTRACTOR INFORMATION

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

LICENSEE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS (MAILING): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PLEASE PROVIDE COPY OF DRIVER'S LICENSE, STATE LICENSE AND PROOF OF GENERAL COMMERCIAL LIABILITY INSURANCE ISSUED BY AN INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN TEXAS IN AMOUNTS NOT LESS THAN \$300,000 FOR EACH OCCURRENCE FOR PERSONAL INJURY OR DEATH, AND NOT LESS THAN \$100,000 FOR EACH OCCURRENCE FOR PROPERTY DAMAGE**