



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

ELECTRICAL CONTRACTOR MECHANICAL (HVAC)
 MASTER ELECTRICIAN IRRIGATOR (LANDSCAPE)
 MASTER SIGN ELECTRICIAN BACKFLOW (special form required)
 MASTER PLUMBER OTHER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____
COMPANY ADDRESS: _____
CITY, STATE, ZIP: _____
LICENSEE NAME: _____
LICENSEE NUMBER: _____ PHONE: _____
ADDRESS (MAILING): _____
CITY, STATE, ZIP: _____
EMAIL ADDRESS: _____
SIGNATURE: _____ DATE: _____

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