



CONTRACTOR REGISTRATION

Registration is good for ***12 months from date of issue.***

To register, please provide the following: TX Driver's License or TX State ID, Trade License (if applies), and Proof of Liability Insurance. If registering as an Irrigator, calibration report is required.

CONTRACTOR TYPE:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Backflow | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fence, Retaining Wall, Screen Wall | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Flatwork/Foundation | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Irrigator | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Roof | <input type="checkbox"/> Sign | <input type="checkbox"/> Third Party Energy |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Plumbing |
| | | | <input type="checkbox"/> Window/Door |

COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ OTHER: _____

EMAIL ADDRESS: _____

MASTER/LICENSE HOLDER (IF APPLICABLE): _____

MASTER LICENSE NUMBER: _____ EXP: _____

DRIVER'S LICENSE NUMBER: _____ EXP: _____

PLEASE LIST THE NAMES OF PERSONS PERMITTED TO PULL PERMITS FOR THIS MASTER:

SIGNATURE (MASTER/OWNER) _____ DATE: _____

Complete the following only if paying registration fee of \$100.00 by MasterCard or Visa. There is a 3.5% service fee for credit card transactions.

CREDIT CARD #: _____ CARD EXP. DATE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS ASSOCIATED WITH CARD: _____

FOR OFFICE USE ONLY	
ACCEPTED BY: _____	DATE: _____
PROCESSED BY: _____	DATE: _____
REGISTRATION EXPIRATION DATE: _____	