



# 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 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## OFFICE USE ONLY

### Required Information To Be Provided:

Contractor's License #:

Insurance with the State of Texas:    **Y**            **N**

Master License #:

Driver's License #:

Date Received:

Received By: