



Registration for Electrical/Plumbing/HVAC

| | | | |
|---------------------------|--|--------------|--|
| Professional Information: | | | |
| Today's Date: | | Permit Type: | |

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 #: (_____) _____ - _____

Signature: _____

| |
|--|
| Persons Authorized by You to Sign Permits: |
|--|

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

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

| |
|-----------------|
| OFFICE USE ONLY |
|-----------------|

License Type: _____ License No.: _____

| Required Information To Be Provided: | | | |
|--------------------------------------|---------------------------|--|--|
| | Contractor's License | | Insurance with the State of Texas |
| | Master Electrical License | | Driver's License of Master Electrician |