Contractor Registration Application

518 Houston Street, Wills Point, TX 75169
P.O. Box 505, Wills Point, TX 75169
Office: (903) 873-2578

Contractor Type: Date: _____

- □ **General Contractor**
- □ **Mechanical**
- □ **Electrical**
- □ **Plumbing**
- □ **Foundation**
- □ **Irrigation**
- □ **Backflow Tester**
- □ **Pool Contractor**
- □ **Fence**
- □ **Concrete**
- □ **Sign/Electrical**
- □ **Gas Inspector**
- □ **Energy Inspector**

[1]You must attach a copy of your current master's license, Irrigator's license or Backflow license (for backflow registrations, a copy of the calibration certification of your gages must also be submitted).

Company Name:_____

Owner/Officer/License Holder of Company[2]: _____
ATTACH A CURRENT COPY OF THIS PERSON'S DRIVER'S LICENSE.

Mailing ADDRESS: _____

_____**Zip Code** _____

Office Number: _____ **Fax:**_____

Cell Phone:_____ **Other:** _____

Email:_____

Personnel authorized to obtain a permit under this company name: (use company letterhead for additional names):

_____ _____

_____ _____

_____ _____
ORIGINAL Signature of Owner, Officer or License Holder[3] Printed name of Owner, Officer or License Holder

[3]THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS REGISTERING FOR YOU OR IF YOU ARE REGISTERING BY MAIL. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT BY RETURN MAIL. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTER IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR. NO RENEWAL NOTICE WILL BE SENT.

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THE STATE OF TEXAS §
COUNTY OF _____ §
BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the forgoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

_____
Signature

_____
Title

Subscribed and sworn to before me, this _____ day of _____ 20 _____ A.D. to certify which witness my hand and seal of office.

_____
Notary Public – Signature

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FOR OFFICE USE ONLY

REVIEWED BY: _____ **FEE AMOUNT PAID $**_____ **DATE RECEIVED:** _____