



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, Irrigation, Backflow Tester, Pool Contractor, Fence

1You 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 Company2: _____ Title: _____

2(Officer of the company - President, Vice-President, CEO or license holder) This person will be held responsible for seeing that all work being performed under this registration is completed in compliance with City codes and ordinances. PLEASE ATTACH A CURRENT COPY OF THIS PERSON'S DRIVER'S LICENSE AND PROVIDE CURRENT LIABILITY INSURANCE POLICY.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Number: _____ Fax: _____

Cell Phone: _____ Email: _____

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

ORIGINAL Signature of Owner, Officer or License Holder3

Printed name of Owner, Officer or License Holder

3THIS 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 REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR. NO RENEWAL NOTICE WILL BE SENT.

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

FOR OFFICE USE ONLY

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

CERTIFICATE OF INSURANCE EXP DATE: _____