



CONTRACTOR REGISTRATION

New Renewal

Certificate of Liability Insurance Policy # _____ Expiration:

General Contractor Electrical Contractor Mechanical Contractor

Plumbing Contractor

Master License Information (If Applicable)

Master License # _____ State License # _____

Master Information for all other trades (If Applicable)

Name: _____ State License # _____

(Exactly as it appears on the Master's License issues by the State of Texas)

(BRING IN COPY OF MASTER'S LICENSE, DRIVER'S LICENSE, STATE LICENSE IF APPLICABLE AND INSURANCE)

Business Information:

Sole Proprietor Partnership Corporation LLC Other

Submit copy of the DBA Certificate, Articles of Incorporation and Bylaws to verify authority

Business Name: _____

Principal / Owner of Company: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Number of years the company has been in existence: _____