Contractor Registration Application

401 S. Rogers Waxahachie, Texas 75168
Office: 469-309-4020

Contractor Type: Date: _____

□ **General Contractor**[1] **($100.00)** □ **Electrical**[1] **($100.00)** □ **Irrigation**[1] **($100.00)**
□ **Mechanical**[1] **($100.00)** □ **Plumbing** □ **Backflow Tester**[1] **($100.00)**

[1]**You must provide your State issued occupation license, along with a State issued drivers license. For backflow registrations, a copy of the calibration certification of your gauges must also be submitted. For Electrical contractor registration, a State issued Electrical Contractor license, a master electrician license, and a copy of your State required insurance must be submitted.**

Company Name: _____

Owner/Officer/License Holder of Company[2]**:** _____ **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 and in compliance with City codes and ordinances. **PLEASE ATTACH A CURRENT COPY OF THIS PERSON'S DRIVER'S LICENSE.**

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Number: _____ **Fax:**_____

Cell Phone: _____ **Other:** _____

Personnel authorized to obtain a permit under this company name

_____ _____

_____ _____

_____ _____
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 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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Office Use Only

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