CONTRACTOR REGISTRATION

Business Name _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____

E-Mail _____

Personnel Authorized to Obtain Permits:

_____ _____
Name Title

_____ _____
Name Title

_____ _____
Signature of Owner or Authorized Personnel Date

TYPE:

- ☐ General
- ☐ Plumbing
- ☐ Electrical
- ☐ Mechanical
- ☐ Irrigation
- ☐ _____

_____ Exp: _____
License Number (Copy Required)

[ ] Insurance/Bond Exp: _____
(copy required)

122 Fernandez Street • Laguna Vista, TX 78578 • 956.943.1793
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