CITY OF EMORY
PO BOX 100 / 399 N TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

_____	ELECTRICAL CONTRACTOR	_____	MECHANICAL (HVAC)
_____	MASTER ELECTRICIAN	_____	IRRIGATOR (LANDSCAPE)
_____	JOURNEYMAN ELECTRICIAN	_____	BACKFLOW (SPECIAL FORM REQUIRED)
_____	MASTER SIGN ELECTRICIAN	_____	OTHER
_____	MASTER PLUMBER		
_____	JOURNEYMAN PLUMBER		

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

EMAIL: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE A COPY OF DRIVER'S LICENSE AND STATE LICENSE

FOR OFFICE USE ONLY

COPY OF THE FOLLOWING: _____ DRIVER'S LICENSE _____ STATE LICENSE

RECEIVED BY: _____ DATE: _____