



2012 LICENSED CONTRACTOR REGISTRATION FORM

Physical Address: 1001 Cross Timbers Road, Suite 2330

Mailing Address: 2121 Cross Timbers Road

Flower Mound, TX 75028

(972) 874-6355

Building Inspections

Registration fee: \$125.00

Registration is valid for the 2012 calendar year.

License Type (check one only): [] Master Electrician [] Master Plumber [] Irrigation [] Master Sign Electrician [] Mechanical

Business Name: _____

License Holder*: _____

*The license holder will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances.

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Business Phone: () _____ Fax: () _____

Cell Phone: () _____

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

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

ORIGINAL Signature of License Holder**

Printed name of License Holder

License Holder: Please attach a legible copy (text and picture) of your current driver's license, or if you do not possess such a valid driver's license, then such other identity card or document issued by the federal or state government containing your picture and signature, and current professional license issued by the State of Texas.

**THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM 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 AND YOUR CONTRACTOR ACCESS CODE BY RETURN MAIL. YOUR CONTRACTOR ACCESS CODE WILL BE NEEDED FOR YOU TO SCHEDULE INSPECTIONS ON OUR AUTOMATED SYSTEM. THIS CODE CANNOT BE GIVEN VIA TELEPHONE AND WILL ONLY BE GIVEN OUT AT OUR OFFICE TO THE PARTIES LISTED ON THIS REGISTRATION FORM WITH PROPER IDENTIFICATION. 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. A RENEWAL NOTICE WILL ONLY BE SENT IF YOU PROVIDE YOUR E-MAIL ADDRESS.

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 foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature of Registrant

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 _____

ACCESS CODE GIVEN TO _____

(Revised 10/21/2011)