



FLOWER MOUND FIRE DEPARTMENT
3838 FORUMS DRIVE
FLOWER MOUND, TEXAS 75028
972-874-6270



LICENSED CONTRACTOR REGISTRATION FORM

Print or Type

CONTRACTOR TYPE: SUPPRESSION SYSTEM [] ALARM SYSTEM [] FUEL SYSTEM [] HOOD SYSTEM []

BUSINESS NAME _____

OWNER/OFFICER of the COMPANY* _____ **TITLE** _____

*(Officer of the company – i.e. President, Vice President, CEO. This person and/or the license holder, will be responsible for seeing that all work being performed under this registration is completed and in conformance with Town codes and ordinances.)

ADDRESS _____

CITY: _____ **STATE** _____ **ZIP** _____

PHYSICAL ADDRESS (if different) _____

CITY: _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE # (____) _____ **FAX #** (____) _____

Personnel authorized to obtain a permit under this business name: (use company letterhead for additional name(s))

NAME: _____ **TITLE:** _____

NAME: _____ **TITLE:** _____

ORIGINAL Signature of License Holder**

Printed Name of License Holder

License Holder: Attach a copy of your current drivers license and current professional license issued by the State of Texas.

** This form must be notarized if any person is registering for you or if you are registering by mail. 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. No renewal notice will be sent.

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 first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

 Signature

 Title

Subscribed and sworn before me, this _____ day of _____ 20____ A.D. to certify which witness my hand and seal of office.

 Notary Public - Signature

CONTRACTOR REGISTRATION
PERMIT CODE #600.0001

REGISTRATION FEE _____ **\$ 00.00**

FOR OFFICE USE ONLY

Received By: _____

Date: _____