

2019 LICENSED CONTRACTOR REGISTRATION FORM

Mailing Address: 2121 Cross Timbers Road
Flower Mound, TX 75028
(972) 874-6355



Building Inspections

Registration fee: \$125.00
Registration is valid for the 2019 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 Physical Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Initial here to allow your email address to be included in contractor lists given to the public: _____

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, IF YOU ARE REGISTERING BY MAIL, OR IF YOU ARE REGISTERING BY EMAIL. **IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT AND YOUR TEMPORARY PASSWORD FOR eTRAKIT BY RETURN MAIL. YOUR CONTRACTOR PASSWORD CANNOT BE GIVEN VIA TELEPHONE, UPON REQUEST IT CAN BE SENT TO THE EMAIL ADDRESS LISTED ON THIS CONTRACTOR REGISTRATION FORM OR IT CAN 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.

**IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSES MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER-MOUND.COM.

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 _____