Town of Flower Mound Environmental Services
2121 Cross Timbers Road, Flower Mound, TX 75028
Telephone: 972-874-6340 Website: www.flower-mound.com

OSSF Contractor Registration Form

Fee: $35.00 (Per License)

Please attach:

1. A current, legible copy of the owner/ officer's valid driver's license, or if the owner or officer does not possess such a valid driver's license, then such other identity card or document issued by the federal or state government containing the picture and signature of said person.
2. Current copy of the installer/ maintenance provider's TCEQ license.

Business Name:		
Owner/ Officer of the Company*:_____ *(Officer of the company- e.g. President, Vice President, CEO) This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with current Town and state codes and ordinances.		Title:
Mailing Address:		
City:	State:	Zip:
Business Email:		
Physical Address (if different):		
City:	State:	Zip:
Business Phone:	Cell Phone:	
Personnel authorized to obtain a permit under this business name (use company letterhead for additional names)		
Name:	Title:	
Name:	Title:	

Original Signature of Owner or Officer**	Printed Name of Owner or Officer
****THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM 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.**	

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.

_____
Notary Public – Signature

For Environmental Health Services office use below this line			
Reviewed by:	AEC#:	Fee paid: Y/N	Date: