



**Town of Flower Mound Environmental Services**  
 2121 Cross Timbers Road, Flower Mound, TX 75028  
 Telephone: 972-874-6340 Website: [www.flower-mound.com](http://www.flower-mound.com)

**OSSF REGISTRATION FORM**  
**Registration Fee: \$125.00 per license**

Business Name: \_\_\_\_\_

Owner/ Officer of the Company\*: \_\_\_\_\_ Title: \_\_\_\_\_

\*(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 Town codes and ordinances.

**PLEASE ATTACH:**

- 1) A CURRENT LEGIBLE (TEXT AND PICTURE COPY OF THIS PERSON'S 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) A CURRENT COPY OF THE INSTALLER MAINTENANCE PERSON'S TCEQ LICENSE.

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. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT BY RETURN 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.  
 to certify which witness my hand and seal of office.

\_\_\_\_\_  
 Notary Public – Signature

**FOR OFFICE USE ONLY**

REVIEWED BY \_\_\_\_\_

FEE AMOUNT PAID \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_