



MECHANICAL HVAC CONTRACTOR REGISTRATION

NEW RENEWAL
Type: PL MG
Contractor # _____

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL FORM COMPLETED ALONG WITH A COPY OF YOUR (1) TEXAS MASTER ELECTRICIAN AND MECHANICAL HVAC CONTRACTOR LICENSE AND (2) APPROVED PHOTO IDENTIFICATION

PLEASE NOTE: MECHANICAL HVAC CERTIFICATES OF REGISTRATION PROVIDED FOR IN THE CODE, EXPIRE WHEN THE STATE LICENSE OR CERTIFICATE OF INSURANCE EXPIRES. PURSUANT TO THE CITY CODE, APPLICATION IS HEREBY MADE FOR REGISTRATION AS AN MECHANICAL HVAC CONTRACTOR.

ALL INFORMATION MUST BE COMPLETE.:

COMPANY INFORMATION

DATE / / STATE LICENSE# _____ EXPIRATION DATE: / /

CERTIFICATE OF INSURANCE EXPIRATION DATE: / /

NAME OF COMPANY: _____

COMPANY ADDRESS: _____
Number Street City State Zip

MAILING ADDRESS: _____
Number Street City State Zip

PHONE NUMBER: () _____ FAX NUMBER: () _____

OWNER OR OFFICER OF THE COMPANY:

NAME _____ HOME PHONE # () _____

HOME ADDRESS _____
Number Street City State Zip

RESPONSIBLE MASTER INFORMATION:

NAME: _____ HOME PHONE#: () _____

HOME ADDRESS: _____
Number Street City State Zip

DRIVER LICENSE NUMBER: _____ E-Mail Address: _____

(Optional) PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE RESPONSIBLE MASTER

RESPONSIBLE MASTER SHALL BE LISTED FIRST

	Name	LIC #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Master is responsible for adding and removing authorized personnel to this list.

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED X _____
Signature of Responsible Master

Registration Clerk/Notary Public _____
(Must be signed by Registered or Notarized)

Sworn to me before this _____ Day of _____ 20____

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.