



PLUMBING 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 PLUMBING LICENSE AND APPROVED PHOTO IDENTIFICATION

PLEASE NOTE: PLUMBING CERTIFICATES OF REGISTRATION PROVIDED FOR IN THE CODE, EXPIRE WHEN THE STATE LICENSE OR CERTIFICATE OF INSURANCE EXPIRES.

ALL INFORMATION MUST BE COMPLETE.:

COMPANY INFORMATION

DATE ___/___/___ STATE LICENSE# M _____ 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 PLUMBER 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 ELECTRICIAN**

RESPONSIBLE MASTER PLUMBER SHALL BE LISTED FIRST

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

Master Plumber 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.