



Licensed Contractor Registration Form
212 Main Street / PO Box 368 Lake Dallas, TX 75065
940-497-2226 ext. 110 Fax 940-497-4485 www.lakedallas.com

Contractor Type: General Mechanical Irrigation Sign
Electrical Plumbing Backflow

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 the City codes and ordinances.

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone _____ Fax _____ Email _____

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 Date Printed name of License Holder

***License Holder: Please attach a legible copy of your current drivers license, current professional license or Registration issued by the State of Texas, and current proof of liability insurance.

**THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS REGISTERING 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 ONE YEAR FROM THIS DATE OF REGISTRATION. NO RENEWAL NOTICE WILL BE SENT.

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

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

OFFICE USE ONLY

Revised 12/7/2011

REVIEWED BY _____ FEE AMOUNT PAID \$ _____

CITY REGISTRATION NUMBER _____ ISSUE DATE _____ EXPIRATION DATE _____