



P.O. Box 1089 * Pottsborg, TX 75076
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CONTRACTOR REGISTRATION FORM

Date _____

Name of Contractor _____

Type of Contractor _____ **Electrical** _____ Mechanical _____ **Plumbing**
 _____ Irrigation _____ General _____ Other

**If Other, please specify _____

Company Name _____

Business Address _____

City, State, Zip _____

Home Address _____

City, State, Zip _____

Business Phone _____ Cell Phone _____ Email: _____

State License Number _____ Expiration Date _____

Certificate of Insurance _____ Expiration Date _____

I hereby state that the above information is true and correct.

Signature of Applicant _____ Date _____

Office use only

City Registration Number _____ Expiration Date _____

Attached _____ **Copy of Drivers License** _____ **Copy of State License** _____ **Copy of Certificate of Insurance**