



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

ELECTRICAL CONTRACTOR
 MASTER ELECTRICIAN
 JOURNEYMAN ELECTRICIAN
 MASTER SIGN ELECTRICIAN

MECHANICAL (HVAC)
 IRRIGATOR (LANDSCAPE)
 BACKFLOW (*special form required*)

MASTER PLUMBER
 JOURNEYMAN PLUMBER

OTHER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

**PLEASE PROVIDE COPY OF DRIVER'S LICENSE, STATE LICENSE, AND
CURRENT ACORD COMMERCIAL LIABILITY INSURANCE FORM
SHOWING CITY OF WALLER P.O. BOX 239 WALLER, TX 77484 AS A
CERTIFICATE HOLDER.**