



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027

MECHANICAL CONTRACTOR REGISTRATION

Contractor Code: _____

NAME: _____
(First Name) (Middle) (Last Name)

ADDRESS: _____
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: _____ HOME PHONE #: (_____) _____
(State) (Number) (Area Code) (Number)

DATE OF BIRTH: ____ / ____ / ____ CELL PHONE #: (_____) _____
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: _____ BUSINESS PHONE #: (_____) _____
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: _____
(Mailing Address) (City/State/Zip)

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- _____ State License
- _____ Valid State Driver's License
- _____ Certificate of Liability Insurance (Minimum of 300,000.00 coverage) Showing City as Certificate Holder
- _____ Valid State Driver's License for All Powers of Attorney

List of Powers of Attorney

Name: _____ Driver's License Number: _____

Name: _____ Driver's License Number: _____

Name: _____ Driver's License Number: _____

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: _____ Reviewed By: _____ Date: _____