



PO Drawer 400 • 2665 San Angelo • Ingleside, TX 78362

Phone: 361-776-3815 - building@inglesidetx.gov

PLUMBING CONTRACTOR REGISTRATION

Contractor Code: _____

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

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

DRIVERS LICENSE ST / #: _____ EMAIL ADDRESS: _____

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 for your registration to be completed:

- _____ State Master's License (RMP)
- _____ 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 people allowed to pull permits for the company

List of people allowed to pull permits for the company:

Name: _____ DL #/ ST: _____

Name: _____ DL #/ ST: _____

Name: _____ DL #/ ST: _____

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: _____