

City of Devine

CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR

(MARK ALL THAT APPLY)

_____ ELECTRICAL CONTRACTOR

_____ MASTER ELECTRICIAN

_____ JOURNEYMAN ELECTRICIAN

_____ MASTER SIGN ELECTRICIAN

_____ MASTER PLUMBER

_____ JOURNEYMAN PLUMBER

_____ MECHANICAL (HVAC)

_____ IRRIGATOR (LANDSCAPE)

_____ BACKFLOW PREV. ASSEMBLY TESTER

_____ FIRE PROTECTION CONTRACTOR

_____ OTHER: _____

_____ GENERAL CONTRACTOR

Residential: New | Remodel | Accessory

Commercial: New | Remodel | Accessory

CONTRACTOR INFORMATION

COMPANY NAME: _____

PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

LICENSE HOLDER'S NAME: _____

LICENSE NUMBER(S): _____

(If mult. licenses, specify type with No.)

PHONE: _____

LICENSEE MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

REGISTRANT'S
SIGNATURE: _____

DATE: _____

IF JOURNEYMAN, PROVIDE INFO. FOR RESPONSIBLE MASTER LICENSE HOLDER BELOW.

LICENSEE NAME: _____

LICENSE NUMBER: _____

PHONE: _____

**PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND OF ANY REQUIRED
STATE CONTRACTOR LICENSE(S) & CERTIFICATE OF INSURANCE.**

OFFICE USE ONLY

Registration Eff.: _____

Registration #: _____

Registration Exp.: _____

