



201 N. Ector Dr. Euless, TX 76039

Phone: 817-685-1630

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Email: permits@eulesstx.gov

CONTRACTOR REGISTRATION

Date: _____

(\$100.00 per each classification with the exception of Plumbing)

(Registration is valid 1 year from date of issuance)

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Sign | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Master Plumber | <input type="checkbox"/> Fence | <input type="checkbox"/> Irrigator | <input type="checkbox"/> Backflow Tester |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Roofer | <input type="checkbox"/> Pool | |

Name of business: _____

Business address: _____

City: _____ State: _____ Zip: _____ Business phone: _____

License Holder Name: _____

State, trade or master license #: _____ Exp: _____

E-mail address: _____ DL #: _____

APPLICANTS SIGNATURE

PRINT NAME CLEARLY

By signing this application I acknowledge I am the license holder of record, and I am responsible for fulfilling the requirements of my contractor's license by requesting and obtaining a final approved inspection of permitted work.

DATE PAID: _____ RECEIPT NO.: _____ ENTERED BY _____

DRIVERS LICENSE

CONTRACTOR LICENSE
