

City of Colleyville
 100 Main Street
 Colleyville, TX 76034
 817 - 503 - 1050 (Please print clearly)
 817 - 503 - 1039 fax

CONTRACTOR REGISTRATION APPLICATION

CR

Part 1. Contractor Owner Information

Name of principal:	Name of company:		
Drivers license number:	Mailing address of company:		
State of drivers license:	City / State / Zip Code:	Telephone number:	Fax number:

Part 2. Contractor Classification

Check the appropriate contractor classification:

- | | | |
|---|---|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Irrigation Contractor ⁽²⁾ | <input type="checkbox"/> Backflow General Tester ⁽³⁾ |
| <input type="checkbox"/> Electrical Contractor ⁽¹⁾ | <input type="checkbox"/> Concrete Contractor | <input type="checkbox"/> Weekend Advertising |
| <input type="checkbox"/> Mechanical Contractor ⁽²⁾ | <input type="checkbox"/> Sign Contractor | <input type="checkbox"/> Water Well Drilling Contractor |
| <input type="checkbox"/> Plumbing Contractor ⁽²⁾ | <input type="checkbox"/> Fence Contractor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Swimming Pool Contractor | <input type="checkbox"/> Roofing Contractor | |

Note: (1) Provide copy of SBCCI test or reciprocal letter: _____
 (2) State license number _____
 (3) TNRCC / Plumbing License / Water Supply Protection Specialist Number _____

List names of authorized permit applicants: (Except for Backflow Testers and Customer Service Insp.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Note: The Contractor is responsible for maintaining a current list of authorized applicants.

I hereby apply for contractor registration with the City of Colleyville and certify that the foregoing information is correct to the best of my knowledge

Date: _____

Your name (Printed Name): _____

Signature: _____

Part 3. For Office Use Only

Initial registration: <input type="checkbox"/> Renewal registration: <input type="checkbox"/>	Date of expiration:	Total Fee:
COMMENTS: _____ _____		