

City of Colleyville
 100 Main Street
 Colleyville, TX 76034
 817 - 503 - 1030
 817 - 503 - 1039 fax

CONTRACTOR REGISTRATION APPLICATION

CR

(Please print clearly)

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:	Fax number:
e-mail address: _____	Telephone number:	Cell phone 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"/> Fire Protection
<input type="checkbox"/> Swimming Pool Contractor	<input type="checkbox"/> Roofing Contractor	<input type="checkbox"/> Other _____

Note: (1) State **Electrical Contractor's** license number _____
 (2) State license number _____
 (3) TNRCC / Water Supply Protection Specialist Number _____

List names of authorized permit applicants: (Persons within your company that are allowed to pull or pick up permits)

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: _____ _____		