



CONTRACTOR REGISTRATION APPLICATION

Revised 1/1/2021

CONTRACTOR INFORMATION

Registration Type: Initial registration Renewal
Contractor Type: Electrical Mechanical Plumbing Irrigation Backflow Test
 OSSF Water Well Other: _____
Company Name: _____
Address: _____ City/State/ZIP: _____
Phone: _____ Fax: _____
Email: _____

REGISTRATION INFORMATION

Individual being registered: _____
Address: _____ City/State/ZIP: _____
Phone: _____ Fax: _____
Email: _____
Driver's License #: _____ Trade License #: _____
Additional individuals authorized to pull permits:
Name: _____ Driver's License #: _____
Name: _____ Driver's License #: _____

ADDITIONAL INFORMATION

The following information must accompany this application for registration to be considered. All information must be current:

- Copy of driver's licenses of individual being registered and all individuals listed as authorized to pull permits
- Copy of applicable state issued trade license
- Copy of gauge calibration (backflow testers only)

Please email all documents to M.J. Randolph : mrancholph@town.northlake.tx.us . This registration is good for one (1) year from the date of registration and may be renewed annually. Renewal notices may be emailed as a courtesy; however, it is the responsibility of the contractor to ensure that the registration is renewed if a notice is not received. A listing of registered contractors will be placed on the Town's website along with the contact information from the first section of this application unless you object to this by checking the box below.

- Do not include this registration on the registered contractor listing provided on the Town's website

APPLICANT SIGNATURE

I have carefully completed this application and provided the accompanying information as required and know the same to be true and correct, and I hereby agree to comply with all applicable Ordinances of the Town of Northlake whether herein specified or not. I, the undersigned, do hereby certify that I am the contractor described above and that I am applying for this registration at the request and with the permission of the same.

Applicant Name (print): _____
Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Stamp Received

Registration #: _____
Reg. Date: _____
Expiration Date: _____