

PHONE: (903)962-3122

FAX: (903)962-3363

Registration Is Only Good For 1 Calendar Year. Must Re-New January 1st of Each Year

Type of Contractor Please Check One:

General	Plumbing	Electrical	Sign
Mechanical	Irrigation	Roof	Other

Please Provide the following:

1. Valid Texas Drivers License

2. Contractor License

3. Certificate of Liability Insurance

Contractor Information:

Name:		TDL #:	
State License #:		Exp:	
Home Address:			Zip:
City:	State:	Phone:	
Email:			

Business Information:

Co. Name:			O. Phone:		
Owner Name:			C. Phone:		
Mailing Address:			Zip:		
City:	State:	Your Position:			

LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR

INSPECTIONS.			
1	TDL #:		
2	TDL #:		
3	TDL #:		
4	TDL #:		

Applicant Signature

Date

City OF Grand Saline Representative

All contractors are required to maintain at least minimum General Liability insurance coverage at all times to satisfy proof of financial responsibility.

Dute

Date