



CONTRACTOR REGISTRATION		
Company Name:	Tax ID #	
Contact First Name:	Contact Last Name:	
Business Mailing Address:	Suite#:	
City:	State:	Zip:
Office Phone#:	Mobile#:	
Contact Email Address:		

TYPE OF LICENSE			
<input type="checkbox"/> General	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Alarm Installer
<input type="checkbox"/> Fire Sprinkler Installer	<input type="checkbox"/> Hood System	<input type="checkbox"/> Irrigator	<input type="checkbox"/> Roofer
<input type="checkbox"/> Sign Contractor	<input type="checkbox"/> Swimming Pool Contractor	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Electrical Contractor (Includes Master)
<input type="checkbox"/> Electrical Sign Contractor	<input type="checkbox"/> Master Electrician Only	<input type="checkbox"/> Journeyman Electrician	<input type="checkbox"/> Residential Wiremen (Restricted)
<input type="checkbox"/> Journeyman Sign Electrician	<input type="checkbox"/> Building Maintenance Electrician	<input type="checkbox"/> Apprentice Electrician	<input type="checkbox"/> Other/Builder
**Your registration requires renewal every two years and you are required to create and account at www.mygovernmentonline.org in order to submit permits and request inspections.			

LICENSE HOLDER INFORMATION		
License Holder First Name:	License Holder Last Name:	
License Holder Mobile #	License Holder Email:	
State License#	Exp. Date:	
TECL/TESCL# (If applicable)	Exp. Date:	
Driver's License#	License State:	Exp. Date:

PERSONS AUTHORIZE TO SIGN PERMITS & SCHEDULE INSPECTIONS		
Name:	Phone#	Email:
Name:	Phone#	Email:
Name:	Phone#	Email:

Please attached the following items with this application:

- Copy of Texas Driver's License
- Copy of Contractor State License* (if applicable)

* Electrical, Plumbing, Mechanical, & Irrigator

Signature of Applicant	Printed Name	Date
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You can email this application along with requested documents to: Permits@Georgetown.Org