

Contractor Registration Application

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Please contact Town Hall once this form has been submitted to pay for registration. REGISTRATIONS EXPIRE A YEAR FROM THE DATE OF ISSUANCE. Check all that apply:

	Mechanical		Pool Contractor		
	Electrical		Water Well Driller		
	Plumbing		General (Home Builder)		
	General Contractor		General-other (Comme	rcial)	
	Sign		Back Flow Tester		
	Irrigation		Remodeler/Handyman		
	3 rd Party Rater		Other		
	Roofing				
Com	pany Information:				
Lega	l Name of Company:				
Doin	g Business As:				
Direct Phone:Email:_		_Email:			
Phys	sical Mailing Address:				
City:			 State:	Zip:	
Resp	oonsible Person:				
Nam	ne of Owner of Business:				
Trad	le License Holder:				
Nam	ne:				
Dire	ct Phone:	_Email:			
Phys	sical Mailing Address:				

In addition to the information above, all applicants must provide the following at time of submittal:

- 1. A copy of each: valid state trade license and valid Texas Driver's License or photo I.D. of Responsible Person.
- 2. Verified proof of general liability insurance in the minimum amount of one million dollars is required for all contractors except backflow testers.
- 3. Registration fee paid to Town of Providence Village.

All applicable documents listed above must be submitted before a contractor registration permit is issued and before the contractor can conduct any work within the corporate limits of the Town.

Documents may be delivered by fax, mail or hand-delivery for processing; however, the Responsible Person or Trade License Holder must appear in person and provide valid ID in order to obtain issued permit.



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Inspections will not be performed and permits **will not** be issued to any individuals or companies who do not have a current registration with the Town of Providence Village. Registrations are not transferable. I hereby acknowledge that I have read and examined this application and know the same to be true and correct.

This application MUST be filled out completely, legibly and correctly or it will NOT be accepted.

Signature:		
	[Responsible Person or License Holder]	
Printed Name of Signatory:		
	Date:	