

City Registration Number _____

Hansen: ID _____

Issued By _____

Contact ID _____

CITY OF AMARILLO CONTRACTOR REGISTRATION APPLICATION \$40.00 FEE

Type of Contractor Registration:

- | | | |
|--|--|--|
| <input type="checkbox"/> General (Commercial Only) | <input type="checkbox"/> Residential New | <input type="checkbox"/> Residential Addition/Remodeling |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Insulation | <input type="checkbox"/> Roofing - COMMERCIAL |
| <input type="checkbox"/> Glass and Glazing | <input type="checkbox"/> Landscape | <input type="checkbox"/> Roofing - RESIDENTIAL |
| <input type="checkbox"/> Heating/Air | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Water Treatment Equipment Installer |
| <input type="checkbox"/> House Moving | <input type="checkbox"/> Swimming Pool | |

SIGN CONTRACTOR: (mark one) Electrical Sign Non-electrical Sign

Applicant Information

Owner Name: _____ Business Name: _____

State License / Registration Number: _____ Driver's License #: _____
(If applicable)

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Business: _____ Cell: _____

Alternate Phone Number (someway to leave message): _____

E-Mail Address: _____

By signing below, I attest the above information is true. I understand that giving false information regarding State Licensing could be grounds for repercussion from the appropriate licensing agency.

Signature of Applicant _____ Date: _____

Printed Name _____

Permit Fee Charge Account Application

I have read and understood the City of Amarillo policy regarding charge accounts for payment of permit fees and utility taps, and I accept the terms of that policy. I also understand that the Building Official is authorized to withhold or suspend permits, inspections and/or registration renewal for any contractor who fails to pay any indebtedness to the City when due.

Signature of Applicant _____ Date: _____

License Number(s): _____ Entered in Hansen by: _____ Date: _____

ACCOUNTING DEPARTMENT:

AR Number for Permits: _____ Approved By: _____ Date: _____