

City Registration Number _____

Hansen: ID _____

Issued By _____

Contact ID _____

**CITY OF AMARILLO
CONTRACTOR APPLICATION \$50.00 FEE**

- NEW REGISTRATION
- RENEWAL REGISTRATION

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 Sign | <input type="checkbox"/> Non-electrical Sign | <input type="checkbox"/> Roofing - COMMERCIAL |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Roofing - RESIDENTIAL |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> House Moving |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Water Treatment Equipment Installer |

Applicant Information:

Business Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Business: _____ Cell: _____ Alternate: _____

E-Mail Address: _____

Owners Name: _____

Alternate Address: _____

Signature of Applicant _____ Date: _____

By signing above, 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.

License Holder: *(Master Electrician License are EXCEPT.)*

License Holders Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Alternate: _____ Cell: _____

E-Mail Address: _____

Signature of License Holder _____ Date: _____

By signing above, 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. Please send copy of Master License of License Holder. Please send Electrical Contractor License of Company.