



CONTRACTOR REGISTRATION

All Trades

X Applicant Please Complete Items 1 - 8

Contractor No. _____

FULL NAME

1. _____

BUSINESS NAME

2. _____

MAILING ADDRESS

3. Address _____

City _____

State _____ Zip _____

PHYSICAL ADDRESS

4. Address _____

City _____

State _____ Zip _____

CONTACT INFORMATION

5. Phone _____

Mobile _____

Fax _____

Email _____

6. SELECT CONTRACTOR TYPES

- General Contractor / Builder New Home Builder
- Sign Contractor
- Pool / Spa Contractor
- Electrical Master No. _____ Exp. _____
- Mechanical Master No. _____ Exp. _____ A
 B
- Plumbing Master No. _____ Exp. _____
- Irrigation Contractor No. _____ Exp. _____
- Backflow Tester No. _____ Exp. _____
- No. = State License Number Exp. = Expiration Date

7. REQUIRED ITEMS CHECKLIST

- A completed copy of this application**
- A copy of your State Trade License (if applicable)**
- A Certificate of Insurance Binder - Listing City as Holder**
- A copy of your State Driver's License**

Driver's License Number _____ State _____

8. READ AND SIGN

I hereby certify by my signature below that: 1) I possess and will maintain all required licenses certifying that I am properly credentialed to do the work I will do, 2) I understand that I am the person solely responsible for inspections and all related fees and charges, 3) I agree to abide by all laws and ordinances governing this type of work whether specified herein or not, and 4) I have read and examined this application and know the same to be true and correct.

Signature

Date Signed

OFFICE USE ONLY

City Official: **Approved**
 Denied

Signature

Date Signed

NOTES: _____

- NOTICE:** ✓ **Incomplete applications will not be accepted.**
✓ **A copy of your current trade licenses required where applicable.**
✓ **A copy of your State Driver's License is required.**

MAIL OR DELIVER TO:

**Permits and Inspections
City of Manvel
20025 Hwy 6
Manvel, TX 77578**



**(281) 489-0630 x5
(281) 489-0634 Fax
www.MYGOV.us**