



City of San Angelo
Permits & Inspections Division
 52 W. College Ave.
 San Angelo, TX 76903
 (325) 657-4210 / Fax No. (325) 657-4435

CONTRACTOR REGISTRATION FORM
PLUMBING / IRRIGATION / WATER TREATMENT CONTRACTORS

Registration No. _____

Note: If this form is not submitted in person by the license holder, a notarized copy of this application must be submitted along with a copy of a State issued I.D.

Business Name: _____

Mailing Address: _____

Physical Address: _____

Home Address: _____

Telephone Numbers: (Mark the phone number where you can be reached during normal business hours.)

Business: _____ Home: _____

Mobile: _____ Fax: _____

email address: _____

State License No. _____ Endorsements: Med.Gas L.P. Gas Boiler Backflow Tester

License Holders Name: _____ Contact Person: _____

Drivers License Number or other photo I.D. _____ State: _____ Type: _____

Date of birth: _____ / _____ / _____

Insurance Company: _____ Agent: _____

Policy No. _____ Expiration Date: _____ / _____ / _____

FEES

New Contractor Registration Fee: \$30.00 (paid by cash or check only)

*Note: contractor registration is from January to December of each year.

Contractor Yearly Renewal Fee: \$30.00 (an invoice will be sent in December of each year)

Do you want a laminated wallet sized I.D. card for an additional fee of \$1.00? Yes No

IMPORTANT INFORMATION

√ I understand it is MY responsibility to know and comply with all Laws, Rules, and Regulations.

√ I understand the City of San Angelo has adopted the 2009 International Plumbing Code and I agree to comply with the provisions of that code.

√ I understand it is MY responsibility to maintain required insurance. It is also MY responsibility to ensure the insurance company provides this office with an original certificate of insurance each year upon renewal listing the City of San Angelo as the certificate holder. **NOTE: OUR DEPARTMENT DOES NOT ACCEPT A FAXED COPY OF THE CERTIFICATE OF INSURANCE. AN ORIGINAL CERTIFICATE MUST BE PROVIDED TO OUR DEPARTMENT BEFORE A PERMIT CAN BE ISSUED!**

√ I understand I MUST report any changes in my company name, permanent address, business address, business affiliation, or telephone numbers within 30 days.

√ I, the undersigned, have received a copy of the San Angelo City Ordinances related to my field.

√ I understand I must have my company name and state license number on both sides of my vehicle in two inch letters as specified in the state of Texas Plumbing licensing law.

Signature of License Holder

Date