



City of San Angelo, Texas - Building Permits & Inspections  
 52 West College Avenue  
**CONTRACTOR REGISTRATION FORM:**  
**PLUMBING CONTRACTORS**



**Section 1: Basic Information**

Business Name                      Mailing Address                      City                      State                      Zip Code

Physical Address                      City                      State                      Zip Code

Home Address                      City                      State                      Zip Code                      E-mail Address

Owner's Name                      Driver License Number or other Photo I.D.                      State                      Class                      Date-of-Birth

State License #                      License Holders Name                      Contact Person

**Endorsements:**  MedGas  L.P. Gas  Boiler  Backflow Tester

Insurance Company                      Policy Number                      Expiration Date                      Agent

**Provide one contact number to be reached at during normal business hours:**

Business: \_\_\_\_\_  Mobile: \_\_\_\_\_  Home: \_\_\_\_\_  Fax: \_\_\_\_\_

**Section 2: Contractor Acknowledgement**

**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 Government issued I.D.**

**Initial the following:**

- \_\_\_\_ It is my responsibility to know and comply with all laws, rules and regulations.
- \_\_\_\_ I agree to comply with all provisions in the latest adopted [City Codes of Ordinances](#).
- \_\_\_\_ I, the undersigned, have received a copy of the San Angelo City Ordinances related to my field.
- \_\_\_\_ I must report any changes in my company name, permanent address, business address, business affiliation, or telephone numbers within 30 days.
- \_\_\_\_ 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 State of Texas Plumbing Licensing Law.
- \_\_\_\_ I understand it is my responsibility to maintain required insurance, ensure the insurance company provides this office with an original certificate of insurance, not a faxed copy, each year upon renewal which lists the City of San Angelo as the certificate holder, and no permits will be issued if I fail to do so.
- \_\_\_\_ I have submitted a government issued photo I.D.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_ Laminated wallet size I.D. card for \$1.00  YES  NO

**FOR OFFICE USE ONLY:**

Verified Complete  Verified Incomplete                      Registration Number: \_\_\_\_\_

Action Needed: \_\_\_\_\_

Reviewed/Accepted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_