



City of San Angelo, Texas - Building Permits & Inspections
52 West College Avenue



CONTRACTOR REGISTRATION FORM:
AIR CONDITIONING & REFRIGERATION CONTRACTORS

Section 1: Basic Information

Business Name, Mailing Address, City, State, Zip Code
Physical Address, City, State, Zip Code
E-Mail Address
Owner's Name, Additional Authorized Contacts (if applicable)
State License #, Endorsements, License Holder's Name
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. (with ID number and date of birth redacted).

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 Code 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 Article 8861 of the State of Texas A/C and Refrigeration 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. with ID number and date of birth redacted.

Signature of License Holder 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:

Hours of Operation: 8 AM -12 PM & 1PM - 5 PM

No payments or permitissuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 www.cosatx.us/permits

The State of Texas

County of

Before me, a Notary Public, on this day personally appeared, known to me (or proved to me on the oath of) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this day of A.D. 20

Notary Public, State of Texas

(PERSONALIZED SEAL)

(Print name of Notary Public here)

My commission expires the day of, 20