



CONTRACTOR REGISTRATION APPLICATION

Please attach the following items with this application:

- Copy of Contractor State License (if applicable)
- Copy of Certificate of Insurance with the City of Dickinson listed as the Certificate Holder

CONTRACTOR REGISTRATION			
Company Name:		Contact Number:	
Contact Name:			
Business Mailing Address:			Suite#:
City:		State:	Zip:
Office#:	Fax#:		Mobile#:
Contact Email Address:		Contractor ID#:	

TYPE OF LICENSE	
<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Sign Contractor
<input type="checkbox"/> Plumbing Contractor	<input type="checkbox"/> Irrigation Contractor

LICENSE HOLDER INFORMATION	
First Name:	
Contact Number:	
Email:	
State License #:	Exp. Date:

PERSONS AUTHORIZED TO PULL PERMITS & SCHEDULE INSPECTIONS	
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF MY CONTRACTOR REGISTRATION AND THE ISSUANCE OF MUNICIPAL CITATIONS.

Signature of Applicant _____ Printed Name _____ Date _____

FOR OFFICE USE ONLY	
Registration Number: _____	Fees Due: _____
Date Submitted: _____	Payment: _____

You can email this application along with supporting documentation to:

permits@ci.dickinson.tx.us