



CITY OF DALLAS

IRRIGATION CONTRACTOR REGISTRATION

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
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MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED FOR REGISTRATION
RETURN THIS ORIGINAL FORM COMPLETED ALONG WITH A COPY OF YOUR (1) TEXAS IRRIGATION
LICENSE, (2) STATE APPROVED PHOTO I.D., (3) A CHECK FOR \$25.00 MADE PAYABLE TO THE CITY OF DALLAS.

PLEASE NOTE: IRRIGATION CERTIFICATES OF REGISTRATION PROVIDED FOR IN THE CODE, EXPIRE WHEN THE STATE LICENSE EXPIRES PURSUANT TO THE CITY CODE, APPLICATION IS HEREBY MADE FOR REGISTRATION AS A IRRIGATION CONTRACTOR.

COMPANY INFORMATION:

DATE _____ / _____ / _____ STATE LICENSE# I- _____
 EXPIRATION DATE: _____ CONTR. # _____
 NAME OF COMPANY _____
 COMPANY ADDRESS _____
 MAILING ADDRESS _____
Number Street City State Zip
 PHONE NUMBER _____ FAX NUMBER _____
Number Street City State Zip

If company is located within the city limits of Dallas provide one of the following:
 C.O. # _____ HOME OFFICE FORM ON FILE ____ Yes ____ No

OWNER OR OFFICER OF THE COMPANY:

NAME _____ HOME PHONE # _____
 HOME ADDRESS _____
Number Street City State Zip

RESPONSIBLE LICENSED IRRIGATOR INFORMATION:

NAME _____ HOME PHONE# _____
 HOME ADDRESS _____
Number Street City State Zip
 E-Mail Address: _____

PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE LICENSED IRRIGATOR. RESPONSIBLE LICENSED IRRIGATOR SHALL BE LISTED FIRST. PLEASE LIMIT ADDITIONAL PERSONNEL. **ALL INFORMATION MUST BE COMPLETE.**

Name	9 Digit PIN #
1. _____	(Responsible Irrigator)
2. _____	
3. _____	
4. _____	
5. _____	

Responsible Licensed Irrigator is responsible for adding and removing authorized personnel to this list who are authorized to sign for permits.

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED X _____
 Signature of Responsible Licensed Irrigator

Registration Clerk/Notary Public _____
 Sworn to me before this _____ Day of _____ 20 _____

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.