



City of Dallas

MECHANICAL CONTRACTOR REGISTRATION

NEW	<input type="checkbox"/>
RENEW	<input type="checkbox"/>
Type of Registration:	
ME	MR
<input type="checkbox"/>	<input type="checkbox"/>

RETURN THIS ORIGINAL FORM COMPLETED ALONG WITH A COPY OF YOUR 1) POCKET LICENSE, 2) STATE APPROVED PHOTO ID, 3) AND A CHECK FOR \$25.00 MADE PAYABLE TO THE CITY OF DALLAS.

PLEASE NOTE: MECHANICAL 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 MECHANICAL CONTRACTOR.

DATE: / / STATE LICENSE# TACL/ / EXPIRES / /

LICENSE ENDORSEMENT: E [ ] R [ ] C [ ]

NAME OF COMPANY \_\_\_\_\_ CONTR. # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Number Street City State Zip

MAILING ADDRESS \_\_\_\_\_  
Number Street City State Zip

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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

RESPONSIBLE LICENSE HOLDER INFORMATION:

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Number Street City State Zip

OWNER OR OFFICER OF THE COMPANY:

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Number Street City State Zip

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

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

- |    |       |               |                  |
|----|-------|---------------|------------------|
|    | Name  | 9 Digit PIN # |                  |
| 1. | _____ | _____         | (License Holder) |
| 2. | _____ | _____         |                  |
| 3. | _____ | _____         |                  |
| 4. | _____ | _____         |                  |
| 5. | _____ | _____         |                  |

*License holder 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. \_\_\_\_\_  
Signature of Responsible License Holder

Sworn to me before this \_\_\_\_\_ Day of \_\_\_\_\_ /20 \_\_\_\_\_  
Registration clerk or Notary Public

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