



CITY OF DALLAS

PLUMBING CONTRACTOR & MEDICAL GAS REGISTRATION

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
Type: PL <input type="checkbox"/>	MG <input type="checkbox"/>
Contractor # _____	

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 MASTER PLUMBING LICENSE AND (2) APPROVED PHOTO IDENTIFICATION

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

ALL INFORMATION MUST BE COMPLETE.:

COMPANY INFORMATION

DATE ___/___/___ STATE LICENSE# M _____ EXPIRATION DATE: ___/___/___

CERTIFICATE OF INSURANCE EXPIRATION DATE: ___/___/___ CONTR. # _____

NAME OF COMPANY: _____

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

OWNER OR OFFICER OF THE COMPANY:

NAME _____ HOME PHONE # (_____) _____

HOME ADDRESS _____

Number Street City State Zip

RESPONSIBLE MASTER PLUMBER INFORMATION:

NAME: _____ HOME PHONE#: (_____) _____

HOME ADDRESS: _____

Number Street City State Zip

DRIVER LICENSE NUMBER: _____ E-Mail Address: _____

(Optional)

**PERSONNEL AUTHORIZED TO SIGN PERMITS ON THE BEHALF OF THE RESPONSIBLE MASTER PLUMBER
RESPONSIBLE MASTER PLUMBER SHALL BE LISTED FIRST.**

Name	PIN #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

<p><i>Responsible Master Plumber is responsible for adding and removing authorized personnel to this list.</i></p>

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

SIGNED X _____

Signature of Responsible Master Plumber

Registration Clerk/Notary Public _____

(Must Be Signed by Registration Clerk or Notarized)

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.