



P.O. Drawer 400 2665 San Angelo  
Ingleside, TX 78362  
Phone: 361-776-3815 Fax: 361-776-1027

**REPAIR/REMODEL CONTRACTOR REGISTRATION**

Contractor Registration Fee (\$50)

**Contractor Code:** \_\_\_\_\_

NAME: \_\_\_\_\_  
(First Name) (Middle) (Last Name)

ADDRESS: \_\_\_\_\_  
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(State) (Number)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_  
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE #: (\_\_\_\_) \_\_\_\_\_  
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: \_\_\_\_\_  
(Mailing Address) (City/State/Zip)

Types of Construction: (*Please check one*) Repair/Remodel ( ) Concrete ( ) Masonry ( ) Other ( ) \_\_\_\_\_

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- \_\_\_\_\_ Valid State Driver's License
- \_\_\_\_\_ Valid State Driver's License for All Powers of Attorney (People allowed to pull permits for company)

List of Powers of Attorney (People allowed to pull permits for company)

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: December 31, 20\_\_\_\_.