



**City of San Angelo**  
**Permits & Inspections Division**  
**P.O. Box 1751**  
**San Angelo, TX 76902-1751**  
**(325) 657-4420 / Fax No. (325) 657-4435**

**CONTRACTOR REGISTRATION FORM**  
**ELECTRICAL CONTRACTORS**

Registration No. \_\_\_\_\_

**Note: If this form is not submitted in person by the license holder, a notarized copy of this application must be submitted along with a copy of a State issued I.D.**

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone Numbers: (Mark the phone number where you can be reached during normal business hours.)  
Business: \_\_\_\_\_ Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
State of Texas Contractor's No. \_\_\_\_\_  
State License No. \_\_\_\_\_ Number of years as a Master Electrician: \_\_\_\_\_  
License Holders Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Drivers License Number or other photo I.D. \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**FEES**

New Contractor Registration Fee: \$30.00 (paid by cash or check only)

\*Note: contractor registration is from January to December of each year.

Contractor Yearly Renewal Fee: \$30.00 (an invoice will be sent in December of each year)

Do you want a laminated wallet sized I.D. card for an additional fee of \$1.00? Yes No

**IMPORTANT INFORMATION**

- √ I understand it is MY responsibility to know and comply with all Laws, Rules, and Regulations.
- √ I understand the City of San Angelo has adopted the 2008 National Electrical Code and I agree to comply with the provisions of that code.
- √ I understand it is MY responsibility to maintain required insurance. It is also MY responsibility to ensure the insurance company provides this office with an original certificate of insurance each year upon renewal listing the City of San Angelo as the certificate holder. **NOTE: OUR DEPARTMENT DOES NOT ACCEPT A FAXED COPY OF THE CERTIFICATE OF INSURANCE. AN ORIGINAL CERTIFICATE MUST BE PROVIDED TO OUR DEPARTMENT BEFORE A PERMIT CAN BE ISSUED!**
- √ I understand I MUST report any changes in my company name, permanent address, business address, business affiliation, or telephone numbers within 30 days.
- √ I understand my company name and state license number must appear on both sides of each vehicle in two inch letters as specified in the City of San Angelo Code of Ordinances.
- √ I, the undersigned, have received a copy of the San Angelo City Ordinances related to my field.

\_\_\_\_\_  
Signature of License Holder

\_\_\_\_\_  
Date