



**APPLICATION FOR
CONTRACTOR REGISTRATION**
(PLEASE PRINT OR TYPE ALL INFORMATION)

City of North Richland Hills
4301 City Point Drive
North Richland Hills, TX 76180
O (817) 427-6330
F (817) 427-6303

PART 1. BUSINESS OWNER INFORMATION:

Name of Owner of Company:	Name of Company:
Drivers License Number:	Mailing Address of Company:
State of Drivers License:	City / State / Zip Code:
Company Fax No: Email Address:	Telephone #:

PART 2. CONTRACTOR CLASSIFICATION: Check the appropriate contractor classification.

<input type="checkbox"/> General Contractor, Residential	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Sprinkler ⁽¹⁾
<input type="checkbox"/> General Contractor, Commercial	<input type="checkbox"/> Irrigation ⁽¹⁾	<input type="checkbox"/> Fire Alarm ⁽¹⁾⁽⁴⁾
<input type="checkbox"/> Mechanical (HVAC) ⁽¹⁾⁽²⁾	<input type="checkbox"/> Roofing	<input type="checkbox"/> Fire Extinguisher ⁽¹⁾⁽⁴⁾
<input type="checkbox"/> Plumbing ⁽¹⁾⁽²⁾⁽⁴⁾	<input type="checkbox"/> Sign	<input type="checkbox"/> Backflow General Tester ⁽³⁾
<input type="checkbox"/> Electrical ⁽¹⁾⁽²⁾	<input type="checkbox"/> Propane ⁽¹⁾	<input type="checkbox"/> Backflow Fireline Tester ⁽³⁾
<input type="checkbox"/> Fence	<input type="checkbox"/> Paving Contractor	<input type="checkbox"/> Weekend Advertising
<input type="checkbox"/> Refuse Contractor	<input type="checkbox"/> Gas Drilling	

Note: 1) State License Number: _____
 2) Electrical & mechanical contractors must show proof of general liability insurance.
 3) Gauge report, TNRCC / Plumbing License _____
 4) No registration fee per State Law

List Names of employees who are authorized to pick up permits for your company. NOTE: THE CONTRACTOR IS RESPONSIBLE FOR MAINTAINING A CURRENT LIST OF AUTHORIZED APPLICANTS.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

I am the owner, officer or principal, and have the authority to supervise and direct employees of the company. I am familiar with the City's requirements for permitting and inspections.

Application Date: _____ Your Name: (Please print): _____

Signature: _____

PART 3. FOR OFFICE USE ONLY

Initial Registration <input type="checkbox"/> Renewal Registration <input type="checkbox"/>	Date of Expiration:	TOTAL FEE: \$
CSA: _____		

