

City of Devine



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR

(MARK ALL THAT APPLY)

<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> IRRIGATOR (LANDSCAPE)
<input type="checkbox"/> MASTER ELECTRICIAN	<input type="checkbox"/> BACKFLOW PREV. ASSEMBLY TESTER
<input type="checkbox"/> JOURNEYMAN ELECTRICIAN	<input type="checkbox"/> FIRE PROTECTION CONTRACTOR
<input type="checkbox"/> MASTER SIGN ELECTRICIAN	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> MASTER PLUMBER	
<input type="checkbox"/> JOURNEYMAN PLUMBER	<input type="checkbox"/> GENERAL CONTRACTOR
<input type="checkbox"/> MECHANICAL (HVAC)	<input type="checkbox"/> Residential: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Accessory
	<input type="checkbox"/> Commercial: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Accessory

CONTRACTOR INFORMATION

COMPANY NAME: _____	PHONE: _____
COMPANY ADDRESS: _____	
CITY, STATE, ZIP: _____	E-MAIL: _____
LICENSE HOLDER'S NAME: _____	
LICENSE NUMBER(S): _____ (If mult. licenses, specify type with No.)	PHONE: _____
LICENSEE MAILING ADDRESS: _____	
CITY, STATE, ZIP: _____	E-MAIL: _____
REGISTRANT'S SIGNATURE: _____	DATE: _____

IF JOURNEYMAN, PROVIDE INFO. FOR RESPONSIBLE MASTER LICENSE HOLDER BELOW.

LICENSEE NAME: _____	
LICENSE NUMBER: _____	PHONE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND OF ANY REQUIRED STATE CONTRACTOR LICENSE(S) & CERTIFICATE OF INSURANCE.

OFFICE USE ONLY

Registration Eff.: _____
Registration #: _____
Registration Exp.: _____

Contact Bureau Veritas for inspections. Inspections requested by 5:00 pm
Monday - Friday will be performed the next business day.
Inspection Phone: Toll Free (877) 837-8775
Inspection FAX: (877) 837-8859 Inspection
email: inspectionstx@bureauveritas.com