



City of San Angelo, Texas - Building Permits & Inspections
52 West College Avenue



**CONTRACTOR REGISTRATION FORM:
ELECTRICAL**

Section 1: Basic Information

Business Name	Mailing Address	City	State	Zip Code	E-mail
Physical Address		City	State	Zip Code	
Home Address		City	State	Zip Code	E-mail Address
Owner's Name	Driver License Number or other Photo I.D.		State	Class	Date-of-Birth
Texas Contractor's #	State License #	License Holders Name		Contact Person	Years as a Master Electrician
Insurance Company	Policy Number	Expiration Date		Agent	

Provide one contact number to be reached at during normal business hours

Business: _____ Mobile: _____ Home: _____ Fax: _____

Section 2: Contractor Acknowledgement

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 Government issued I.D.

Initial the following:

- ___ It is my responsibility to know and comply with all laws, rules and regulations.
- ___ I agree to comply with all provisions in the latest adopted [City Code of Ordinances](#).
- ___ I, the undersigned, have received a copy of the San Angelo City Ordinances related to my field.
- ___ I must report any changes in my company name, permanent address, business address, business affiliation, or telephone numbers within 30 days.
- ___ I understand I must have my company name and state license number on both sides of my vehicle in two inch letters as specified in the City of San Angelo Code of Ordinances.
- ___ I understand it is my responsibility to maintain required insurance, ensure the insurance company provides this office with an original certificate of insurance, not a faxed copy, each year upon renewal which lists the City of San Angelo as the certificate holder, and no permits will be issued if I fail to do so.
- ___ I understand the Registration and Renewal fee is \$30.00 (cash, check, or credit) and must be renewed annually, January – December and an invoice will be sent out each December.
- ___ I have submitted a government issued photo I.D.

Contractor Signature _____ Date _____ **Laminated wallet size I.D. card for \$1.00 YES NO**

FOR OFFICE USE ONLY

Reviewed/Accepted by: _____ Date: ____/____/____ Verified Complete Verified Incomplete

Action needed: _____

Permit Number: _____ Issued By: _____ Date Issued: ____/____/____