



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



**CONTRACTOR REGISTRATION FORM:
AIR CONDITIONING & REFRIGERATION CONTRACTORS**

Section 1: Basic Information

Business Name Mailing Address City State Zip Code

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

State License # Endorsements License Holders Name Contact Person

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 Article 8861 of the State of Texas A/C and Refrigeration Law.
- ____ 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 or check) 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:

Verified Complete Verified Incomplete Registration Number: _____

Action Needed: _____

Reviewed/Accepted by: _____ Date: ____/____/____