

35011 FM 1093
Simonton, Texas 77476



Phone
(281) 533-9809
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Email to: NMohr@simontontexas.gov

CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

- | | | | |
|--------------------------|-------------------------|--------------------------|---|
| <input type="checkbox"/> | ELECTRICAL CONTRACTOR | <input type="checkbox"/> | MECHANICAL (HVAC) |
| <input type="checkbox"/> | MASTER ELECTRICIAN | <input type="checkbox"/> | IRRIGATOR (LANDSCAPE) |
| <input type="checkbox"/> | JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> | BACKFLOW (<i>special form required</i>) |
| <input type="checkbox"/> | MASTER SIGN ELECTRICIAN | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | MASTER PLUMBER | <input type="checkbox"/> | THIRD PARTY ENERGY PROVIDER |
| <input type="checkbox"/> | JOURNEYMAN PLUMBER | <input type="checkbox"/> | |

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE

CERTIFICATE OF GENERAL LIABILITY SHOWING: CITY OF SIMONTON, P.O. BOX 7, SIMONTON, TX 77476 AS CERTIFICATE HOLDER, MINIMUM INSURANCE MUST BE AT LEAST \$100,000 WITH THE CITY OF SIMONTON AS ADDITIONALLY INSURED.