

## **CONTRACTOR REGISTRATION**

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### Return this <u>completed</u> form along with the following:

- 1. Your Texas Master's License (if applicable)
- 2. An approved photo identification
- 3. A Certificate of Liability Insurance that names the City of Bee Cave as certificate holder.
- 4. A completed W-9 form.

\*Please note, Certificates of registration provided for in the code expire when the state license or certificate of insurance expires, or after one calendar year, whichever is sooner. \*
Pursuant to the City Code, application is hereby made for registration as a contractor.

This form may be returned via email to <a href="mailto:smyrick@beecavetexas.gov">smyrick@beecavetexas.gov</a>.

COMPANY INFORMATION			
Name of Business			
Mailing Address			
City, State, Zip			
Email Address			
Phone	Fax		
Project Number			
Project Address			
Type of License			
State License Number	Expires		
Owner/Master Name			
Owner/Master TDL Number	Expires		
Owner/Master Home Address			
Owner/Master Email Address			
Owner/Master Home Phone			



# **CONTRACTOR REGISTRATION**

		CONTRACTOR TYPE			
☐ Architect		General Contractor		Propane Installer	
☐ Concrete Con	tractor $\Box$	Irrigation Installer		Roofer	
☐ Electrician		Mechanical/HVAC		Solar Contractor	
☐ Excavation		OSSF		Tree Trimming	
☐ Fence Contra	ctor $\Box$	Plumber		Utilities Contractor	
☐ Fire Alarm		Pool Contractor		Other	
FEES					
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### **PLUMBERS AUTHORIZATION**

(TO BE COMPLETED BY MASTER PLUMBERS)

By signing this application for registration, I am certifying that I am in full compliance with the Texas State Board of Plumbing Examiners (TSBPE) Plumbing Licensing Law and Board Rules. I have provided a current certificate of insurance to the TSBPE as required by law.

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Responsible Master Plumber	Print Name	Date