



MECHANICAL HVAC CONTRACTOR REGISTRATION

NEW RENEWAL
TYPE: BL MG:
CONTRACTOR # _____

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE
ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL COMPLETED FORM ALONG WITH A COPY OF
(1) YOUR TEXAS MASTER MECHANICAL HVAC LICENSE AND (2) APPROVED PHOTO ID

PLEASE NOTE: MECHANICAL HVAC CERTIFICATES OF REGISTRATION
PROVIDED FOR IN THE CODE EXPIRE WHEN THE STATE LICENSE OR
CERTIFICATE OF INSURANCE EXPIRES.

APPLICATION IS HEREBY MADE FOR REGISTRATION AS A MECHANICAL HVAC CONTRACTOR.

ALL INFORMATION MUST BE COMPLETE

COMPANY INFORMATION

DATE ___/___/___ LICENSE # _____ EXPIRATION DATE ___/___/___
CERTIFICATE OF INSURANCE EXPIRATION DATE ___/___/___
NAME OF COMPANY: _____
COMPANY ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: (_____) _____ FAX NUMBER: _____
EMAIL ADDRESS: _____

OWNER OR OFFICER OF THE COMPANY

NAME: _____ HOME PH. (_____) _____
HOME ADDRESS: _____

RESPONSIBLE MASTER INFORMATION

NAME: _____ HOME PH. (_____) _____
HOME ADDRESS: _____
DRIVERS LICENSE NUMBER: _____ EMAIL: _____

(OPTIONAL) PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER

RESPONSIBLE MASTER SHALL BE LISTED FIRST

	Name	License #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Master is responsible for
adding and removing
authorized personnel
to/from this list.**

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

SIGNED: X _____

Registration Clerk/Notary Public: _____
(Must be Signed by Registration Clerk or Notarized)

Sworn to me this _____ day of _____, 20____.

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION
MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.