



PLUMBING 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 PLUMBING LICENSE AND (2) APPROVED PHOTO

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

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: _____

DRIVERS LICENSE NUMBER: _____ EMAIL: _____

RESPONSIBLE MASTER PLUMBER SHALL BE LISTED FIRST

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

**Master Plumber is
responsible for adding and
removing authorized
personnel to 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.