

**CITY OF McLENDON-CHISHOLM**

1371 West FM 550

McLendon-Chisholm, Texas 75032

Phone (972) 524-2077

FAX (972) 524-9128

**CONTRACTOR REGISTRATION FORM**

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**TYPE OF CONTRACTOR LICENSE**

- |  |   |
|--|---|
| <input type="checkbox"/> CONTRACTOR-BUILDER          | <input type="checkbox"/> MASTER PLUMBER                   |
| <input type="checkbox"/> MASTER ELETRICIAN           | <input type="checkbox"/> JOURNEYMAN PLUMBER               |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN      | <input type="checkbox"/> IRRIGATOR (LANDSCAPE)            |
| <input type="checkbox"/> RESIDENTIAL ELECTRICIAN     | <input type="checkbox"/> BACKFLOW (special form required) |
| <input type="checkbox"/> MASTER SIGN ELECTRICIAN     | <input type="checkbox"/> INSTALLER (LANDSCAPE)            |
| <input type="checkbox"/> JOURNEYMAN SIGN ELECTRICIAN | <input type="checkbox"/> FIRE LINE TESTER                 |
| <input type="checkbox"/> MECHANICAL (HVAC)           | <input type="checkbox"/> OTHER _____                      |
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**CONTRACTOR INFORMATION**

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_

LICENSEE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS (MAILING): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_ REGISTRATION FEE: \$100.00

EXPIRATION DATE: \_\_\_\_\_

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**PLEASE PROVIDE A COPY OF DRIVER'S LICENSE AND STATE LICENSE**