



**City of Tyler
Development Services**

Master Registration Form

DATE _____

ELECTRICAL ELECTRICAL SIGN CONTRACTOR

STATE CONTRACTOR LICENSE NUMBER _____ EXPIRES _____

MASTER NAME _____ LICENSE NUMBER _____

PLUMBING MASTER NAME _____

MASTER LICENSE NUMBER _____ EXPIRES _____

HVAC LICENSE NUMBER _____ EXPIRES _____

IRRIGATION LICENSE NUMBER _____ EXPIRES _____

GENERAL CONTRACTOR EXPIRES _____

SWIMMING POOL DEMOLITION HOUSE MOVER

SIGN ERECTOR

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ CELL PHONE #: _____

E-MAIL: _____ FAX _____

OWNER PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____ MI: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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COMPANY PERSONNEL AUTHORIZED TO OBTAIN PERMITS:

PRINT NAME:	SIGNATURE:

COPY OF DRIVER'S LICENSE

COPY OF STATE LICENSE
(if applicable)

COPY OF MASTER'S LICENSE
(if applicable)