



## CONTRACTOR REGISTRATION

PLEASE PRINT CLEARLY

201 N. Buffalo  
Canton, TX 75103  
Phone: 903-567-1841  
Fax: 903-567-1793

Date: \_\_\_\_\_

**Contractor Type:**

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Mechanical       | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing        |
| <input type="checkbox"/> Backflow Tester    | <input type="checkbox"/> Irrigation       | <input type="checkbox"/> Fence      | <input type="checkbox"/> Foundation      |
| <input type="checkbox"/> Pool Contractor    | <input type="checkbox"/> Energy Inspector | <input type="checkbox"/> Concrete   | <input type="checkbox"/> Sign/Electrical |
| <input type="checkbox"/> Fire               | <input type="checkbox"/> Other            |                                     |  |

You must attach a copy of your current Contractor's license, Master's license, Irrigator's license, Backflow license, a current copy of your Texas Driver's License, and a copy of your liability insurance with City of Canton as the "Certificate Holder". Backflow testers must attach a copy of their calibration certification for their gauges that are being used.

**Company Name:** \_\_\_\_\_

**Owner/Officer/License Holder:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**License No:** \_\_\_\_\_

Officer of the company is President, Vice President, or CEO. License Holder is the person who holds the Texas State Plumber, Mechanical, or Electrical License. This person will be held responsible for seeing that all work being performed under this application is completed and in compliance with the City codes and ordinances.

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Personnel authorized to obtain permit under this company name:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Original Signature of Owner, Officer or License Holder**

\_\_\_\_\_  
**Printed name of Owner, Officer or License Holder**

This form must be notarized if the signer is not present. If sending in by mail, you must include a self-addressed envelope to receive a receipt of payment by return mail. Applications must be submitted annually.

The State of Texas

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

\_\_\_\_\_  
Notary Public