



Walk In Application Business Registration

(DO NOT FAX OR E-MAIL APPLICATION)



Business Owner's (**individual – not business**) Name*: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

*A legible copy of a current government photo ID is required to be submitted for the business owner.

Licensee's Name (**individual – not business**) *: _____

(Note: 1. Licensee required for Plumbing Contractor, Electrical Contractor, Mechanical Contractor, HVAC Mechanical Contractor, Irrigation Contractor, LP Gas Contractor, some Sign Contractors, Fire Alarm Contractor, Fire Sprinkler Contractor, Fire Extinguisher Contractor and UST Contractor).

Licensee's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

*A legible copy of a current government photo ID is required to be submitted for the licensee.

Please check only one type of Business Registration:

- | | |
|---|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Maintenance Contractor |
| <input type="checkbox"/> New Home Builder / Remodeler | <input type="checkbox"/> Fence Contractor |
| <input type="checkbox"/> Plumbing Contractor | <input type="checkbox"/> Swimming Pool Contractor |
| <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> House Move Contractor |
| <input type="checkbox"/> Mechanical Contractor | <input type="checkbox"/> Concrete Contractor |
| <input type="checkbox"/> HVAC Mechanical Contractor | <input type="checkbox"/> Fire Alarm Contractor |
| <input type="checkbox"/> Irrigation Contractor | <input type="checkbox"/> Fire Sprinkler Contractor |
| <input type="checkbox"/> LP Gas Contractor | <input type="checkbox"/> Fire Extinguisher Contractor |
| <input type="checkbox"/> Sign Contractor | <input type="checkbox"/> UST Contractor |

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings.

The Business Owner of a registered contractor is required to ensure the accurate revision of information, including any change of the address or telephone number, within ten (10) days from the date that the previous information becomes invalid for any reason. The registration is not transferable to any other person, firm or cooperation without a notarized statement from the business owner (registree).

Public liability insurance in the amount of not less than \$500,000 per occurrence and aggregate required for contractors performing work in the City right of way and for electrical contractors. Registered plumbing contractors must have a current certificate of insurance on file with the Texas State Board of Plumbing Examiners.

Signature of Business Owner: _____

Date: _____

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the City of Arlington government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

For future reference, your business registration number is _____ BR. Please retain this number.

Before submitting application, complete all required information on pages 2 and 3:

1) Business Type (check one only):

- Corporation
- LLC
- Partnership
- Sole Proprietor

2) Business Address – Street Number: _____

3) Business Address – Street Name: _____

4) Business Address – Street Type: _____ (Example: Drive, Avenue, Court, etc)

5) City: _____ State: _____ Zip Code: _____

6) Business Phone Number: (_____) _____

7) Name of Business: _____

8) Is this a 2- year registration? Yes No

9) Will you work in the City Right of Way (public street and parkway)? Yes No

10) Certificate of Liability Insurance Expiration Date: _____

Note: Certificate of Liability Insurance required for Electricians and all other contractors performing work in City Right of Way.

Applicant must submit:

1. **an original, embossed** certificate with an original cover letter from the insurance company via mail or in person, or
2. a **faxed** certificate with a cover sheet from the insurance company.
Fax to City of Arlington at 817-459-6669.

The Certificate of Liability is required to list the City of Arlington Building Inspections as the Certificate Holder:

City of Arlington
Building Inspections
101 W. Abram Street, MS 01-0241
Arlington, TX 76004-3231

Insurance Amounts:
\$500,000 per occurrence, minimum
\$500,000 per aggregate, minimum

For each type of registration, provide the necessary information as well as copies of licenses.

Complete For **Electrical Contractor** Registration:

Electrical Master License #: _____ License Exp Date: _____

Electrical Contractor License #: _____ License Exp Date: _____

Complete For **Sign Contractor** Registration:

Electrical Master License #: _____ License Exp Date: _____

Or

Electrical Sign Master License # _____ License Exp Date _____

And Electrical Sign Contractor License #: _____ License Exp Date: _____

Complete For **Plumbing Contractor** Registration:

Plumbing Master License # _____ License Exp Date _____

Med Gas Endorsement (if available) _____

Complete For **HVAC Contractor** Registration:

License Type _____ License # _____ License Exp Date _____

Complete For **Irrigator's Contractor** Registration:

Irrigation License # _____ License Exp Date _____

Complete For **LP Contractor** Registration:

LP Gas RR License # _____ License Exp Date _____

Complete For **Fire Alarm Contractor** Registration:

FA Superintendent's License # _____ License Exp Date _____

FA Superintendent's Name _____

FA State Registration# _____ Registration Exp Date _____

Complete For **Fire Sprinkler's Contractor** Registration:

FS RME's License # _____ License Exp Date _____

FS State Registration# _____ Registration Exp Date _____

FS RME's Name _____

Complete For **Fire Extinguisher Contractor** Registration:

FE State Registration# _____ Registration Exp Date _____

Complete For **Underground Storage Tank Contractor** Registration:

UST Contractor State License# _____ License Exp Date _____

Complete For **Water Treatment Contractor** Registration:

Water Treatment Specialist License# _____ License Exp Date _____

Complete For **Maintenance Contractor** Registration:

Full time employee, attach copy of current check stub as proof of full time employment.