

**CITY OF TERRELL
MUNICIPAL DEVELOPMENT
P.O. BOX 310 ~ 201 E. NASH
TERRELL, TEXAS 75160
(972) 551-6606**

**APPLICATION FOR REGISTRATION AS A
MECHANICAL CONTRACTOR**

NAME: _____ **REGISTER DATE** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **HOME PHONE** _____

DRIVER'S LICENSE NO _____

DOB _____ **HEIGHT** _____ **COLOR HAIR** _____ **EYES** _____

EMPLOYED BY (OR DBA)

COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **BUSINESS PHONE** _____

TYPE OR REGISTRATION

_____ **CLASS A** _____ **CLASS B**

LICENSE NO. _____ **LICENSE EXPIRATION DATE** _____

**THE FOLLOWING MUST ACCOMPANY THIS
FORM AT TIME OF REGISTRATION**

**Annual Registration Fee: \$35.00; License; Driver's License;
\$5,000.00 Permit Bond or Certificate of Liability with minimum \$300,000.00 coverage**

DO NOT FILL IN BELOW THIS LINE

Initial Date _____ **Reg. No.** _____ **Amount Pd\$** _____ **Receipt No.** _____

Date Paid _____ **License Expiration** _____ **COLExp** _____

**CITY OF TERRELL
MUNICIPAL DEVELOPMENT
P.O. BOX 310 ~ 201 E. NASH
TERRELL, TEXAS 75160
(972) 551-6606**

**APPLICATION FOR REGISTRATION AS A
PLUMBING CONTRACTOR**

NAME: _____ REGISTER DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

DRIVER'S LICENSE NO _____

DOB _____ HEIGHT _____ COLOR HAIR _____ EYES _____

EMPLOYED BY (OR DBA)

COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS PHONE _____

TYPE OF REGISTRATION

_____ MASTER _____ JOURNEYMAN

LICENSE EXPIRATION DATE _____ LICENSE I.D. NO. _____

**THE FOLLOWING MUST ACCOMPANY THIS
FORM AT TIME OF REGISTRATION**

**Annual Registration Fee: \$35.00; License; Driver's License;
\$5,000.00 Permit Bond or Certificate of Liability with minimum \$300,000.00 coverage**

DO NOT FILL IN BELOW THIS LINE

Initial Date _____ Reg. No. _____ Amount Pd\$ _____ Receipt No. _____

Date Paid _____ License Expiration _____ COL Exp _____

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P.O. BOX 310 ~ 201 E. NASH
TERRELL, TEXAS 75160
(972) 551-6606**

**APPLICATION FOR REGISTRATION AS AN
IRRIGATOR**

NAME: _____ REGISTER DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

DRIVER'S LICENSE NO. _____

DOB _____ HEIGHT _____ COLOR HAIR _____ EYES _____

EMPLOYED BY (OR DBA)

COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS PHONE _____

TYPE OF REGISTRATION

_____ **LICENSED IRRIGATOR**

LICENSE EXPIRATION DATE _____ LICENSE I.D. NO. _____

**THE FOLLOWING MUST ACCOMPANY THIS
FORM AT TIME OF REGISTRATION**

**Annual Registration Fee: \$35.00; License; Driver's License;
\$5,000.00 Permit Bond or Certificate of Insurance with minimum \$300,000.00 coverage**

DO NOT FILL IN BELOW THIS LINE

Initial Date _____ Reg. No. _____ Amount Pd\$ _____ Receipt No. _____

Date Paid _____ License Expiration _____ COL Exp _____

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P.O. BOX 310 ~ 201 E. NASH
TERRELL, TEXAS 75160
(972) 551-6606**

**APPLICATION FOR REGISTRATION AS AN
ELECTRICIAN**

NAME: _____ **REGISTER DATE** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **HOME PHONE** _____

DRIVER'S LICENSE NO. _____

DOB _____ **HEIGHT** _____ **COLOR HAIR** _____ **EYES** _____

EMPLOYED BY (OR DBA)

COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **BUSINESS PHONE** _____

TYPE OF REGISTRATION:

_____ **MASTER** _____ **SIGN**

LICENSE EXPIRATION DATE _____ **LICENSE I.D. NO.** _____

**THE FOLLOWING MUST ACCOMPANY THIS
FORM AT TIME OF REGISTRATION
Annual Registration Fee: \$35.00 (Master Electrician Only)
License; Driver's License;
\$5,000.00 Permit Bond or Certificate of Insurance with minimum \$300,000.00 coverage**

DO NOT FILL IN BELOW THIS LINE

Initial Date _____ **Reg. No.** _____ **Amount Pd\$** _____ **Receipt No.** _____

Date Paid _____ **License Expiration** _____ **COL Exp** _____

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MUNICIPAL DEVELOPMENT
P.O. BOX 310 ~ 201 E. NASH
TERRELL, TEXAS 75160
(972) 551-6606**

**APPLICATION FOR REGISTRATION AS A
BACKFLOW TESTER CONTRACTOR**

NAME: _____ REGISTER DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

DRIVER'S LICENSE NO _____

DOB _____ HEIGHT _____ COLOR HAIR _____ EYES _____

EMPLOYED BY (OR DBA)

COMPANY NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS PHONE _____

TYPE OF REGISTRATION

_____ **BACKFLOW**

LICENSE EXPIRATION DATE _____ LICENSE I.D. NO. _____

**THE FOLLOWING MUST ACCOMPANY THIS
FORM AT TIME OF REGISTRATION**

Annual Registration Fee: \$35.00; TXBPAT License; Driver's License;
Gauge Calibration Form, \$5,000.00 Permit Bond or
Certificate of Insurance with minimum \$300,000.00 coverage

*Forms provided by City.

DO NOT FILL IN BELOW THIS LINE

Initial Date _____ Reg. No. _____ Amount Pd\$ _____ Receipt No. _____

Date Paid _____ License Expiration _____ COL Exp _____