

Public Works



Construction Inspections

Utility and Right-Of-Way Contractor Registration

Physical Address: 411 W Red Oak Rd,
Mailing Address: P.O. Box 393,
Red Oak, TX 75154
(972)576-3414

This registration is valid for the 2021 calendar year.

Minimum required for Certificate of Liability:	Commercial General Liability: \$5,000,000.00
The coverage amounts set forth may be met by a combination of underlying & umbrella so long as in, combination, the limits equal or exceed those stated.	Worker's Compensation: \$100,000.00
	Automobile Liability: \$2,000,000.

APPLICANT NAME: _____ DATE: _____

CONTRACTOR BUSINESS: _____

CTP CERTIFICATE NUMBER: (if applicable) _____ ORDINANCE NUMBER: _____

Please provide two names, addresses, and telephone numbers who will be general, day-to-day Contacts for the Contractor

At least one address is to be within the Dallas/Fort Worth metroplex area

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Please provide the name and mailing address of the authorized agent designated as the person authorized to receive service of process on behalf of the utility.

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Please provide the names, addresses, and telephone numbers of any contractor or subcontractor, who will be working in the right-of-way on behalf of the utility. This list may be amended as needed by the contactor; However, no work shall be performed in the right-of-way by a contractor or subcontractor that is not on the list, regardless of whether a permit is required.

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Please provide two names and telephone numbers of at least two persons serving as emergency contacts who can be reached by telephone 24 hours a day, seven days a week.

Telephone numbers should be accessible without the city having to pay long distance telephone or toll charge.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

FOR OFFICE USE ONLY

Date received: _____

Signature: _____