



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

_____ MECHANICAL (HVAC)

_____ IRRIGATOR (LANDSCAPE)

_____ MASTER ELECTRICIAN

_____ BACKFLOW *(special form required)*

_____ MASTER PLUMBER

CONTRACTOR INFORMATION

COMPANY NAME: _____

PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY EMAIL: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____

PHONE: _____

LICENSEE EMAIL: _____

SIGNATURE: _____

DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE

A Certificate of Insurance of minimum \$300,000.00 with the address at the bottom of the Certificate to read: **City of Red Oak, P O Box 393, Red Oak TX 75154.**

DRIVER'S LICENSE

STATE LICENSE

EMAIL YOUR CONTRACTOR REGISTRATION FORMS INCLUDING INSURANCE TO
MJOSEY@REDOAKTX.ORG & DBLAKE@REDOAKTX.ORG