P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027
building@inglesidetx.gov

IRRIGATION CONTRACTOR REGISTRATION

Contractor Code: _____

NAME: _____
(First Name) (Middle) (Last Name)

ADDRESS: _____
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____
(State) (Number)

DATE OF BIRTH: _____ / _____ / _____ CELL PHONE #: (_____)_____
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: _____ BUSINESS PHONE #: (_____)_____
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: _____
(Mailing Address) (City/State/Zip)

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

_____ State Irrigation License
_____ Valid State Driver's License
_____ Certificate of Liability Insurance (Minimum of 300,000.00 coverage) Showing City as Certificate Holder
_____ Valid State Driver's License for All Powers of Attorney (People allowed to pull permits for company)

List of Powers of Attorney (People allowed to pull permits for company)

Name: _____ Driver's License Number: _____

Name: _____ Driver's License Number: _____

Name: _____ Driver's License Number: _____

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: _____ Reviewed By: _____ Date: _____