



ELECTRICAL CONTRACTOR REGISTRATION

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
TYPE: BL <input type="checkbox"/>	MG: <input type="checkbox"/>
CONTRACTOR # _____	

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE
ACCEPTED FOR REGISTRATION

RETURN THIS ORIGINAL COMPLETED FORM ALONG WITH A COPY OF
(1) YOUR TEXAS MASTER ELECTRICIAN LICENSE AND (2) APPROVED PHOTO ID

PLEASE NOTE: ELECTRICAL CERTIFICATES OF REGISTRATION PROVIDED FOR IN THE
CODE EXPIRE WHEN THE STATE LICENSE OR CERTIFICATE OF INSURANCE EXPIRES.

APPLICATION IS HEREBY MADE FOR REGISTRATION AS AN ELECTRICAL CONTRACTOR.

ALL INFORMATION MUST BE COMPLETE

COMPANY INFORMATION

DATE ___ / ___ / ___ ECL # _____ EXPIRATION DATE ___ / ___ / ___

CERTIFICATE OF INSURANCE EXPIRATION DATE ___ / ___ / ___

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: (____) _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

OWNER OR OFFICER OF THE COMPANY

NAME: _____ HOME PH. (____) _____

HOME ADDRESS: _____

RESPONSIBLE MASTER ELECTRICIAN INFORMATION

NAME: _____ HOME PH. (____) _____

HOME ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ EMAIL: _____

(OPTIONAL) PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER ELECTRICIAN

RESPONSIBLE MASTER ELECTRICIAN SHALL BE LISTED FIRST

	Name	License #
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Master Electrician is
responsible for adding and
removing authorized
personnel to/from this list.**

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED: X _____

Registration Clerk/Notary Public: _____

(Must be Signed by Registration Clerk or Notarized)

Sworn to me this _____ day of _____, 20____.

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION
MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.