



CONTRACTOR REGISTRATION PROCESS AND REQUIREMENTS

Who Must Register?

All general, fence, electrical, plumbing, mechanical, irrigation, backflow testers, fire sprinkler, septic contractors, swimming pool and water well drillers contractors. For contractors holding master's licenses, and the master wishes to have one of their employees pull permits for them under their license, then they must provide the City a list on letterhead paper of authorized personnel that are approved by them to pull permits, and it must be signed, dated and brought in by the master at the time of registration or, if mailed or brought in by someone other than the master.

What Documents Are Needed To Register?

1. General Contractors: The applicant must submit a completed application form, a fee of \$ 50.00, a copy of the applicant's driver's license and a copy of insurance.
2. Master Electricians: The applicant must submit a completed application form, a copy of the applicant's driver's license, a copy of the applicant's state-issued registration, and a copy of insurance (no fee is required).
3. Master Plumbers: The applicant must submit a completed application form, a copy of the applicant's driver's license, a copy of the applicant's state-issued registration, and a copy of insurance (no fee is required).
4. Septic Installers: The applicant must submit a completed application form, a fee of \$50.00, a copy of the applicant's driver's license, a copy of the applicant's state-issued registration, and a copy of insurance.
5. Irrigation, Backflow Tester, and Fire Sprinkler Contractors: A valid TX driver's license, a fee of \$50.00, landscape irrigator's card and/or Texas Commission Environmental Quality license, backflow prevention assembly tester card, or Fire sprinkler RME card. No certificate of liability insurance is required at this time.
6. Fence Contractor: The applicant must submit a completed application form, a fee of \$50.00 and a valid driver's license or government-issued ID.
7. Sign Contractor: The applicant must submit a completed application form, a fee of \$50.00, a copy of the applicant's driver's license, and a copy of insurance.

How Often Must One Register?

Contractors must register annually. Registration is valid for one (1) year from the date of registration.



CITY OF OAK POINT
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 OAK POINT, TEXAS 75068
 (972) 294-2312
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 INSPECTION HOTLINE (940) 521-0470

CONTRACTOR REGISTRATION FORM

PLEASE CHECK THE APPROPRIATE BOX:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> GENERAL CONTRACTOR
<input type="checkbox"/> MASTER ELECTRICIAN
<input type="checkbox"/> MASTER PLUMBER
<input type="checkbox"/> HVAC
<input type="checkbox"/> WATER WELL
<input type="checkbox"/> SIGN CONTRACTOR
<input type="checkbox"/> FENCE CONTRACTOR | <input type="checkbox"/> HOUSE MOVERS
<input type="checkbox"/> POOL CONTRACTOR
<input type="checkbox"/> FIRE SPRINKLER/FIRE ALARM
<input type="checkbox"/> IRRIGATOR
<input type="checkbox"/> SEPTIC (OSSF) INSTALLER
<input type="checkbox"/> ALARM SYSTEM
<input type="checkbox"/> OTHER: |
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**Registration is good for one (1) year from date registered.
 Please provide the required documentation**

	NAME:	OFFICE PHONE:
COMPANY NAME:	ADDRESS:	CELL PHONE:
	EMAIL ADDRESS:	
RESPONSIBLE INDIVIDUAL:	NAME:	CELL PHONE:
	ADDRESS:	EMAIL ADDRESS:

Please provide the following information along with copies of licenses and insurance documentation

	OCCUPATIONAL LICENSE HOLDER:	LICENSE NUMBER:
\$50.00 REGISTRATION FEE (exempt from fee: plumbers/electricians)	VALID DRIVERS LICENSE HOLDER:	LICENSE NUMBER:
	LIABILITY INSURANCE COMPANY	POLICY NUMBER:

APPLICANT'S SIGNATURE:	DATE:

For Office Use:

Date Received _____ Date Entered _____ Amount _____ Staff Initials _____