



10 N. Robinson, PO Box 677 Cleburne, TX 76033 (817)645-0955  
Fax: (817)645-0926

# CONTRACTOR REGISTRATION FORM

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TYPE OF CONTRACTOR: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CELLULAR #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF ELECTRICIAN \_\_\_\_\_

CONTRACTOR LICENSE HOLDER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**BOND OR INSURANCE INFO**

INSURANCE COMPANY NAME: \_\_\_\_\_

BOND OR POLICY NUMBER: \_\_\_\_\_

**(We require \$2,000 bond for concrete work.)**

EXPIRATION DATE: \_\_\_\_\_

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_



**REGISTRATION FEE: \$100.00**