

**APPLICATION FOR CONTRACTOR RENEWAL**

CHECK APPROPRIATE BOXES:

- ELECTRICAL CONTRACTOR     ELECTRICAL SIGN CONTRACTOR
- COMPANY NAME CHANGE

PURSUANT TO THE CITY OF DALLAS ELECTRICAL CODE, APPLICATION IS HEREBY SUBMITTED FOR A RENEWAL OF REGISTRATION AS A CONTRACTOR, OR CHANGE OF COMPANY NAME.

CITY OF DALLAS CONTRACTOR NUMBER \_\_\_\_\_  
 NAME OF COMPANY \_\_\_\_\_  
 COMPANY SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 CO MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 QUALIFYING ELECTRICIAN \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ H. PHONE \_\_\_\_\_

**LIST COMPANY PERSONNEL AUTHORIZED TO SIGN PERMIT APPLICATIONS --- AT TIME OF REGISTRATION A PIN NUMBER MUST BE PROVIDED FOR EACH PERSONNEL--- DO NOT WRITE PIN NUMBER ON THIS DOCUMENT**

NAME	NAME	NAME	NAME
_____	_____	_____	_____
_____	_____	_____	_____

**OFFICERS OF THE BUSINESS:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

I, THE UNDERSIGNED, HAVE A CURRENT COPY OF AND HAVE READ THE DALLAS ELECTRICAL CODE, (CHAPTER 56) AND ADMINISTRATIVE PROCEDURES FOR THE CONSTRUCTION CODE (CHAPTER 52) AND ACKNOWLEDGE THAT I AM TO SERVE AS THE RESPONSIBLE PARTY, AND I FURTHER AGREE THAT I WILL ADVISE THE BUILDING INSPECTION DEPARTMENT IMMEDIATELY IN WRITING SHOULD I CEASE TO SERVE AS SUCH.

**AFFIDAVIT**

I, \_\_\_\_\_ (QUALIFYING ELECTRICIAN) OF THE CITY OF DALLAS,  
COUNTY OF DALLAS, STATE OF TEXAS

BEING DULY SWORN, DO DEPOSE AND SAY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND FURTHER THIS DEPONENT SAYS NOT.

SIGNED \_\_\_\_\_ (QUALIFYING ELECTRICIAN)

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

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ A.D.

\_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC IN AND FOR \_\_\_\_\_ COUNTY, STATE OF \_\_\_\_\_