



CITY OF DALLAS

# IRRIGATION CONTRACTOR REGISTRATION

NEW  RENEWAL   
Contractor # \_\_\_\_\_

**Form must be completely filled out in order to be accepted for registration.**

Original Registration: The License Holder must personally appear at 320 E. Jefferson Blvd. Room 210 Dallas 75203 and furnish (1) This original completed form, (2) The License Holder's current Irrigator's pocket license, (3) The License Holder's approved photo identification, (4) Payment of \$120.00. Check made payable to "City of Dallas".

Renewal Registrations: May be processed in person by the license holder at any Building Inspection office, or online through the license holders Dallas contractor's webpage. License Holder shall furnish (1) All documents listed above are required on each registration renewal. (2) If not renewing in person, this document must be notarized. (3) Payment of \$120.00. Check made payable to "City of Dallas".

Please note: Irrigation certificates of registration provided for in this Code, expires annually upon the expiration date of the State license. Pursuant to the City Code, application is hereby made for registration as an irrigation contractor.

**All information must be complete (Do Not Use "Same").**

### Company Information

Date: \_\_\_/\_\_\_/\_\_\_ State License # LI- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Contr. #: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Number Street City State Zip

Mailing Address: \_\_\_\_\_

Number Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

### Licensed Irrigator's Information:

Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Number Street City State Zip

E-Mail Address: \_\_\_\_\_

**If company is located within the city limits of Dallas, please provide the certificate of occupancy number:**

C.O. # \_\_\_\_\_

Personnel authorized by the Licensed Irrigator to sign permits on the behalf of the Licensed Irrigator. Licensed Irrigator shall be listed first. Please limit additional personnel.

Name (Limit to 4 digits or less) PIN #

1. Irrigator \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Responsible Irrigator is responsible for adding and removing authorized personnel to this list who are authorized to sign for permits.**

By signing this application for registration, I am certifying that I am in full compliance with the Texas Commission on Environmental Quality (TCEQ) as an Irrigator.

I do depose and say the above information is true and correct.

SIGNED X \_\_\_\_\_

Signature of Irrigator

Registration Clerk/Notary Public \_\_\_\_\_  
(Must Be Signed by Registration Clerk or Notarized)

Sworn to me before this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

**Any changes or correction to the above information must be submitted on this same form and marked as such. A \$30.00 record change fee shall apply.**