



CITY OF DALLAS
MECHANICAL CONTRACTOR REGISTRATION

Form Must Be Completely Filled Out In Order
To Be Accepted For Registration

NEW [ ] RENEW [ ]
CONTR. # \_\_\_\_\_
Type of Registration:
ME [ ] MR [ ] MC [ ]

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 A/C pocket license, (3) The License Holder's approved photo identification, (4) Payment of \$120.00. Checks 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 contractor's Dallas webpage. (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 as detailed above.

Please Note: Mechanical Certificates of Registration provided for in this code, expire when the State license expires. Pursuant to the City Code, application is hereby made for Registration as a Mechanical Contractor.

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

Company Information

Date: \_\_\_/\_\_\_/\_\_\_ License#: TA CL \_\_\_\_\_

License Expiration Date: \_\_\_/\_\_\_/\_\_\_ Contr.: # \_\_\_\_\_

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

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

Number Street City State Zip

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

Number Street City State Zip

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

If company is located within the city limits of Dallas provide one of the following:

C.O. # \_\_\_\_\_ Home Office form on file Yes \_\_\_ No \_\_\_

Responsible License Holder Information:

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

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

Number Street City State Zip

Driver's License Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(Optional)

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

Table with 2 columns: Name (Limit to 4 digits or less), Pin #. Rows 1-5.

License holder is responsible for adding and removing authorized personnel to this list who are authorized to sign for permits.

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

Signed X \_\_\_\_\_
Signature of Responsible License Holder

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

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

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH. A RECORD CHANGE FEE OF \$30.00 SHALL APPLY