



CONTRACTOR REGISTRATION APPLICATION COMMUNITY SERVICES

OFFICE PHONE – 972/744-4180 • FAX – 972/744-5802
ADDRESS: PO BOX 830309, DEPT. 0250, RICHARDSON, TX 75083

PLEASE PRINT OR TYPE USING BLACK INK

APPLICATION DATE

| | | | |
|---|------|--------------|-----|
| COMPANY NAME | | | |
| COMPANY PHONE # | | FAX # | |
| COMPANY ADDRESS | CITY | STATE | ZIP |
| (MAILING ADDRESS IF DIFFERENT FROM ABOVE) | | | |
| NAME OF STATE LICENSE HOLDER | | | |
| STATE LICENSE # | | EXP. DATE | |
| EMAIL ADDRESS: | | | |
| SHOW PROOF OF LICENSE IS REQUIRED | | | |
| APPLICANT'S NAME | | | |
| POSITION WITH COMPANY | | HOME PHONE # | |
| HOME ADDRESS | CITY | STATE | ZIP |
| SHOW PROOF OF APPLICANT'S DRIVER LICENSE IS REQUIRED | | | |
| I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. | | | |
| APPLICANT'S SIGNATURE | | | |