

## *City of Bartlett New Contractor Registration*

TYPE OF CONTRACTOR (please circle)					
General	Fire Prevention	HVAC/Mechanical	Electrician	Irrigation	Moving
Roofing	Sign	Fence	Plumber	Swimming Po	ol
COMPANY NAME:					
MAILING ADDRESS:					
PHYSICAL ADDRESS:					
EMAIL:					
OFFICE:		CELL:		FAX:	
FIELD CONTACT PERSON(S):					
OFFICE CONTACT PERSON(S):					
WHO IS AUTHORIZED TO PULL PERMITS:					
INSURAN	ICE SUBMITTED? _	YES NO	POLICY #:		
Expiration date:					
LICENSE SUBMITTED? YES NO LICENSE #:					
Expiration date:					

SIGNATURE

 $\div$ 

DATE

Please email (<u>permitclerk@bartlett-tx.us</u>) or fax a copy of your *proof of liability insurance* (COI) and a *copy of your licenses* Or Mail to:

City of Bartlett Attention: Permit Department P.O. Drawer H 140 W. Clark St. Bartlett, TX 76511

\* Note: Yearly registration will be required