CONTRACTOR REGISTRATION FORM
PERMISO DE REGISTRO

Code Compliance
Department
114 W. Martin
Del Rio, TX 78840
P: (830) 774-8526
F: (830) 703-5305

COMPANY INFORMATION

Company Name: _____

Address, City, State. Zip Code: _____

Taxpayer ID#_____

Email:_____

Owner Name:_____

Insurance Company: _____

Policy Number: _____

☐ Certificate of Insurance in the amount of $500,000.00 or more with City of Del Rio as additional insured.

☐ Contractor Registration fee of $150.00 paid. Each additional year is $75.00.

WORK CLASIFICATION

What ype of work will you be providing (i.e. roofing, general construction, signs, electrical, plumbing, etc.): **RESIDENTIAL OR COMMERCIAL**

_____

_____

_____

COMPANY RESPRESENTATIVE INFORMATION

NAME/NOMBRE: _____

ADDRESS/DIRECION: _____

CELL NUMBER/ NUMERO DE CELULAR: _____

EMAIL/ CORREO ELECTRÓNICO: _____

STATE ISSUED ID AND PHOTO SCAN: _____

NAME/NOMBRE: _____

ADDRESS/DIRECION: _____

CELL NUMBER/ NUMERO DE CELULAR: _____

EMAIL/ CORREO ELECTRÓNICO: _____

STATE ISSUED ID AND PHOTO SCAN: _____

NAME/NOMBRE: _____

ADDRESS/DIRECION: _____

CELL NUMBER/ NUMERO DE CELULAR: _____

EMAIL/ CORREO ELECTRÓNICO: _____

STATE ISSUED ID AND PHOTO SCAN: _____

VEHICLE INFORMATION

Make:_____ Model:_____ Year:_____ Color: _____

License Plate:_____ State:_____ Company Logo:_____

Make:_____ Model:_____ Year:_____ Color: _____

License Plate:_____ State:_____ Company Logo:_____

Make:_____ Model:_____ Year:_____ Color: _____

License Plate:_____ State:_____ Company Logo:_____

APPROVAL

Development Services Approval (Signature, Name and Date)

_____

City Secretary Approval (Signature, Name and Date)

_____