



Life Connected.

CONTRACTOR REGISTRATION FORM

Development Services
142 N Ohio
City of Celina, Texas
972-382-2682

CITY STAFF USE ONLY		
\$100.00 Registration Fee		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit

Today's Date _____

*****DOCUMENTS REQUIRED WITH EACH REGISTRATION*****

- A copy of a Texas State Master license and valid copy of a Texas Driver's License.
- All contractors must provide **Certificate of Insurance** at the time of registration.
- Registration fee or renewal fee is \$100.00. **Not Transferable, Fees are not pro-rated.**
- **Registration with the City of Celina will expire the same date as the Texas State Trade License or 365 days from the time of registration, whichever comes first. (Maximum registration 365 days)**

Inspections will not be performed and permits **will not be issued** to any individuals or companies who do not have a current registration with the City of Celina.
(ELECTRIANS AND PLUMBERS ARE EXEMPT FROM FEE)

Check only One:

<input type="checkbox"/> Backflow/Fire	<input type="checkbox"/> 3 rd Party Energy Contrac.	<input type="checkbox"/> HVAC	<input type="checkbox"/> Roofing
<input type="checkbox"/> Concrete	<input type="checkbox"/> Fence	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Sign
<input type="checkbox"/> Demolition	<input type="checkbox"/> Foundation Contractor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Well Drilling
<input type="checkbox"/> Electrical	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Pool	<input type="checkbox"/> Other _____

Registration without signatures will not be accepted.

COMPANY INFORMATION:

Company Name: _____		
Company Address: _____		
City: _____	State: _____	Zip: _____
Co. Phone Number: _____		
Email Address: _____		
Print Name: _____		
AUTHORIZED SIGNATURE: _____		Date: _____

STATE MASTER LICENSE INFORMATION

(Includes: Electrician, Plumbers, HVAC, Backflow, Irrigators, Energy, Fire, Sign, Well Drillers)

Registration without signatures will not be accepted.

Print Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	Email: _____	
Trade License Type: _____	Trade License Number: _____	
Expiration Date: _____		
AUTHORIZED SIGNATURE: _____		Date: _____

****Please provide a list of individuals permitted to pull permits****