

Contractor Registration Form

Development Services

146 W. McCart Krum, TX 76249

email: developmentservices@cityofkrum.com

o: 940.398.7301 f: 940.482.3020



Registration form must be submitted by the license holder or their authorized agent.

Contractor Type: <i>(check the appropriate box)</i>	
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Homebuilder
<input type="checkbox"/> Mechanical Contractor	<input type="checkbox"/> Electrical Contractor
<input type="checkbox"/> Irrigation (Sprinkler) Contractor	<input type="checkbox"/> Pool / Hot Tub / Spa Contractor
<input type="checkbox"/> Window Replacement Contractor	<input type="checkbox"/> Remodeling Contractor
	<input type="checkbox"/> Plumbing Contractor
	<input type="checkbox"/> Roofing /Re-Roofing Contractor
Contractor Information: <i>(complete the following)</i>	
Company Name:	Email Address:
Contact Person:	Phone / Cell #:
Street Address:	Fax #:
City, State, Zip Code:	
License Holder's Name: <i>(mechanical, electrical, plumbing & irrigation contractors only complete the following)</i>	
Name:	
License #:	
Texas Driver's License #:	
Additional Individuals Authorized to Pull Permits: <i>(complete the following)</i>	
Name:	Texas Driver's License #:
Name:	Texas Driver's License #:
Items Required with Application: <i>(check the appropriate boxes to indicate items submitted with application)</i>	
<input type="checkbox"/> Application <i>(1 completed & signed original)</i>	
<input type="checkbox"/> Licenses <i>(1 color copy each of professional license and driver's license; required for mechanical, electrical, plumbing & irrigation contractors only)</i>	
<input type="checkbox"/> Certificate of Liability Insurance <i>(listing the City of Krum as certificate holder)</i>	
<input type="checkbox"/> Fee <i>(\$75 for all contractors except electrical & plumbing contractors)</i>	
Acknowledgement: <i>(complete the following and sign)</i>	
I HEREBY CERTIFY THAT I AM THE BUSINESS OWNER OR AUTHORIZED AGENT OF THE OWNER. AFTER CLOSE REVIEW OF THE FORM, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL CONSTRUCTION WORK SHALL COMPLY WITH ALL PROVISIONS OF KRUM'S LAWS AND ORDINANCES.	
Signature:	Email Address:
Printed Name:	Phone / Cell #:
Date:	Fax #: