

## BUILDING-CONTRACTOR REGISTRATION

| COMPANY INFORMATION  |                       |
|--|-----------------------|
| COMPANY NAME   | FEDERAL TAX ID NUMBER |
| MAILING ADDRESS  |                       |
| PHONE NUMBER   | EMAIL                 |
| LICENSE INFORMATION  |                       |
| LICENSE HOLDER FIRST NAME  | LAST NAME             |
| STATE LICENSE NUMBER   | EXPIRATION DATE       |
| TYPE OF CONTRACTOR   |                       |
| GENERAL LIABILITY INSURANCE  |                       |
| <p>All contractors performing work in the City of West University place are required to carry General Liability Insurance with limits of \$300,000 or limits required by your state license.</p> <p>We require proof of insurance in the form of a Certificate of Insurance. The form must name the City as the certificate holder.</p> <p>You may have your insurance company fax a copy or email to <a href="mailto:inspections@westutx.gov">inspections@westutx.gov</a></p> |                       |
| OWNERSHIP  |                       |
| TYPE OF OWNERSHIP  |                       |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER  |                       |
| <p>A <b>corporation</b> requires all three fields to be filled out: President, Vice-President &amp; Secretary.</p> <p>A <b>partnership</b> requires all partners to be listed—attach an additional sheet if necessary.</p>   |                       |
| APPLICANT SIGNATURE  | DATE                  |
| PRINT NAME   |                       |

| OFFICE USE ONLY   |           |
|-------------------|-----------|
| EMPLOYEE INITIALS | DATE PAID |
| CONTRACTOR ID     |           |

### THE SECTION BELOW MUST BE FILLED OUT

| OWNER/OFFICER 1 |                       |              |
|-----------------|-----------------------|--------------|
| TITLE           | FIRST NAME            | LAST NAME    |
| DOB             | DRIVER LICENSE NUMBER | PHONE NUMBER |
| ADDRESS         |                       |              |
| OWNER/OFFICER 2 |                       |              |
| TITLE           | FIRST NAME            | LAST NAME    |
| DOB             | DRIVER LICENSE NUMBER | PHONE NUMBER |
| ADDRESS         |                       |              |
| OWNER/OFFICER 3 |                       |              |
| TITLE           | FIRST NAME            | LAST NAME    |
| DOB             | DRIVER LICENSE NUMBER | PHONE NUMBER |
| ADDRESS         |                       |              |

**MUST PROVIDE COPY OF EACH OWNER(S), CORPORATE OFFICER(S) OR PARTNER(S) DRIVER'S LICENSE AND THE STATE LICENSE HOLDER(S) DRIVER'S LICENSE AND STATE LICENSE (IF APPLICABLE).**