



City of  
West University  
Place

Public Works Department  
Development Services

**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	

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		

OFFICE USE ONLY	
EMPLOYEE INITIALS	DATE PAID
CONTRACTOR ID	

**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).**