



# Contractor Registration Application

Development Services Department  
415 N. College Ave., Justin, TX 76247  
Email: [permits@cityofjustin.com](mailto:permits@cityofjustin.com)  
940-648-2541 Ext. 122

**JUSTIN**  
1887

Office use only  
Contractor ID #: \_\_\_\_\_

### Contractor Type:

<input type="checkbox"/> Concrete	<input type="checkbox"/> HVAC	<input type="checkbox"/> Septic Installer
<input type="checkbox"/> General	<input type="checkbox"/> Irrigator	<input type="checkbox"/> Alarm
<input type="checkbox"/> Master Electrician	<input type="checkbox"/> Backflow	<input type="checkbox"/> Pool
<input type="checkbox"/> Master Plumber	<input type="checkbox"/> Roof	<input type="checkbox"/> Other: _____

### Company Information: Complete all Fields

Company Name	
Company Address	City/State/Zip
Company Email	Phone

### License Holder Information: Complete all Fields

Name	Phone #	Cell #
Address	City/State/Zip	
License # (DL or State License)	License Expiration (DL or State License)	
Signature of License Holder	Date	

Please include the following documents with your application:

- ◆ Current Drivers License
- ◆ State issued professional license (if applicable)
- ◆ Proof of General Liability Insurance (except plumbers)

All Contractors must submit a current driver's license, proof of general liability insurance, and a state issued professional license if one is possessed.

The City of Justin must be noted as the certificate holder on proofs of insurance. All items must be submitted for application to be considered. It is the responsibility of the permit holder to request inspection using the online permit sytem ([https://public.mygov.us/justin\\_tx](https://public.mygov.us/justin_tx)). A MyGov how to guide is available at <http://cityofjustin.com/assets/MyGov-How-to-Guide.pdf>

**\*\*FOR OFFICE USE ONLY\*\***

<p style="text-align: center;"><b>Fees:</b></p> <p>Fee: \$ _____</p>	<p>Date Issued: _____ Expiration Date: _____</p> <p>Development Services Official: _____</p>
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Form Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Cash    CC    Check(s) #: \_\_\_\_\_