



P.O. Drawer 400 2665 San Angelo  
Ingleside, TX 78362  
Phone: 361-776-3815 Fax: 361-776-1027

**IRRIGATION CONTRACTOR REGISTRATION**

**Contractor Code:** \_\_\_\_\_

NAME: \_\_\_\_\_  
(First Name) (Middle) (Last Name)

ADDRESS: \_\_\_\_\_  
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: \_\_\_\_\_ HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
(State) (Number) (Area Code) (Number)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: \_\_\_\_\_  
(Mailing Address) (City/State/Zip)

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- \_\_\_\_\_ State Irrigation License
- \_\_\_\_\_ Valid State Driver's License
- \_\_\_\_\_ Certificate of Liability Insurance (Minimum of 300,000.00 coverage) Showing City as Certificate Holder
- \_\_\_\_\_ Valid State Driver's License for All Powers of Attorney

List of Powers of Attorney

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_