

## City of Uvalde Contractor Registration Requirements

- 1. A copy of the Master's or Journeyman's state license (if applicable)
- 2. A copy of their Driver's License (with the picture clearly visible)
- 3. A Certificate of Liability made out to the City of Uvalde

Please circle the contrac	ctor's inform	nation that relates to yo	u,	
A/C Refrigeration Contr	actor	Certified A/C Tech	Registered A/C Tech	
General Contractor	Roofing	<u>Foundation</u>	Framing	
Irrigation Installer	Backflow Flow Tester			
Master Electrician	Journeyman Electrician			
Electrical Solar Panels In	<u>istallers</u>	Electrical Sign Contract	cors	
Master Plumber	Journeym	an Plumber		
Your Business Name				
Name of Contractor (if d	ifferent fron	m business name)		
Your Business Address_				
City:		State:	Zip Code	
Business Phone: Business Fax:				
Cell Number:				
State License Number if	applicable:		Expiration Date:	
Email Address:				
Please Be Aware That th	e Master M	lust Sign This Application	on and Each Single Trade Permit Application	
	No Sta	amps, Faxes or Copies o	of Signatures will be accepted	
Signature:	W		Date:	
Send to: City of Uvalde				

Send to: City of Uvalde P. O. Box 799 Uvalde, TX. 78802-0799