



MINERAL WELLS FIRE DEPARTMENT

212 SOUTH OAK AVE., MINERAL WELLS, TEXAS

Ofc 940-328-7791 Fax 940-328-7731

CONTRACTOR REGISTRATION

CONTRACTOR CLASSIFICATION - Check each discipline that applies

- | | | |
|--|---|---|
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> UG & AG Storage Tanks | <input type="checkbox"/> Backflow Testing |
| <input type="checkbox"/> Fire Alarm & Detection System | <input type="checkbox"/> LP Gas Systems | <input type="checkbox"/> Pyrotechnics |
| <input type="checkbox"/> Fixed Fire Suppression System | <input type="checkbox"/> Compressed Gas/CO2 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Underground Fire Line | <input type="checkbox"/> Access Control Gates/Doors | |

Registration Type: New Renewal

CONTRACTOR INFORMATION: *(License Holder is the person who holds the State License. This person will be held responsible for seeing that all work being performed follows the State codes, City codes and ordinances.)*

Name of Business: _____

Business Address: _____
Street City State Zip Code

Business Phone: _____ Fax: _____

State License Holder: _____
First Middle Last

State License Number: _____ Driver's License Number: _____

Email(required): _____ Cell Phone: _____

Primary Contact Name: _____ Contact Phone: _____

CONTRACTOR REQUIREMENTS:

Contractors must provide the following documents to register with the Mineral Wells Fire Department.

1. State License for Company, RME, Principal, Engineer
2. Driver's License of State License Holder, Owner
3. Certificate of General Liability
4. Gauge Calibration (required for Backflow Prevention Assembly Testers only)
5. Any supporting documentation pertaining to trade.

PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER THIS REGISTRATION:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I understand that my registration will be valid for one (1) year from date of License Renewal and that my registration may be cancelled/revoked if I do not keep my state license (when required), certificate of insurance, and all other required documents current with the Mineral Wells Fire Department. Renewal notices will be emailed only if an email address is provided. No other Notices will be sent.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

OFFICE USE ONLY		
		Expiration Date: