



CITY OF NEW FAIRVIEW
999 ILLINOIS LANE
NEW FAIRVIEW, TX 76078
PHONE#: 817-638-5366
FAX#: 817-638-5369
E-MAIL: info@newfairview.org
WEBSITE: www.newfairview.org

CONTRACTOR REGISTRATION FORM

PLEASE CHECK THE APPROPRIATE BOX BELOW:

ELECTRICAL HVAC PLUMBING - (No fee required) BACKFLOW TESTER
 IRRIGATOR GENERAL CONTRACTOR HOME BUILDER
 FENCE CONTRACTOR POOL CONTRACTOR SIGN CONTRACTOR
 ENERGY INSPECTOR OSSF MAINTENANCE PROVIDER OR INSTALLER

COMPANY NAME: _____

ADDRESS: _____

PHONE#: _____ FAX#: _____

EMAIL: _____

LICENSE HOLDER'S NAME: _____

DRIVER'S LICENSE#: _____ EXP DATE: _____

PROF. LICENSE#: _____ EXP DATE: _____

HOME ADDRESS: _____

HOME PHONE#: _____

LIABILITY INSURANCE CO: _____

EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____

ANNUAL FEE: \$75.00

PLEASE SUBMIT A COPY OF THE PROFESSIONAL LICENSE AND DRIVER'S LICENSE OF THE OWNER OR PERSON RESPONSIBLE FOR OVERSEEING THE PROJECT. THE INDIVIDUAL SIGNING THIS FORM WILL BE RESPONSIBLE FOR ADHERING TO THE CODES AND ORDINANCES OF THE CITY OF NEW FAIRVIEW.

SECTION BELOW TO BE COMPLETED BY OFFICE PERSONNEL:

ISSUE DATE: _____ EXPIRATION: _____

ISSUED BY: _____ FEE PAID: _____