



CERTIFICATE OF REGISTRATION AS ELECTRICAL CONTRACTOR

Name of Company _____

Primary Shop Location _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number: Area Code _____ Number _____

..... Company

To Be Operated As: Individual Ownership Partnership Corporation

State Incorporated In _____

Name of Owners or Responsible Officers:

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

State _____ Zip _____ State _____ Zip _____

..... Person

Serving As Master Electrician _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature of Master Electrician _____

Type name and provide the signature of all company personnel authorized to sign for electrical permits.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

**\$100.00 APPLICATION FEE (\$75.00 CONTRACTORS AND \$25.00 MASTER - \$100.00)
PHOTO ID / MASTER ELECTRICIAN LICENSE / ELECTRICAL CONTRACTOR LICENSE REQUIRED**

Office Use Only:

New TXCO # _____ TXME # _____ Initial _____

GPCont # _____ Receipt # _____ Expiration date _____

OVER FOR NOTARY

NAME OF COMPANY _____

APPLICANT'S AFFIDAVIT (Master signature)

I, _____ of the City of _____,
County of _____, State of _____,

being duly sworn, doth depose and say that the information contained in this application for electrical contractor's license is true to the best of my knowledge and belief, and further this deponent say not.

Applicant's Name _____

Applicant's Signature _____

Subscribed and sworn to before me this _____ day of _____

A.D., 20 _____.

Notary Public in and for

County
State of _____

(note☺)

If a license expires for more than 1 month, but less than 1 year; the master's license fee is doubled
(\$25.00 + \$25.00 = \$50.00 / TOTAL = \$125.00)

If a license expires more than 1 year; the applicant will need to apply as a new contractor

CITY OF GRAND PRAIRIE ELECTRICAL LICENSE REGISTRATION

NAME: _____

TYPE OF ELECTRICAL REGISTRATION:

- | | |
|---|--|
| <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> RESIDENTIAL WIREMAN |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> ELEVATOR ELECTRICIAN |
| <input type="checkbox"/> MAINTENANCE ELECTRICIAN | <input type="checkbox"/> ELEVATOR CONTRACTOR |
| <input type="checkbox"/> TEMPORARY JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> TEMPORARY MAINTENANCE ELECTRICIAN |

PERSONAL INFORMATION:

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVERS LIC. # _____ PHONE _____

DATE OF BIRTH _____ WEIGHT _____

COLOR OF EYES _____ HEIGHT _____

TDLR ELEC LIC# _____

**WORK EXPERIENCE: LIST LAST 4 YEARS EXPERIENCE;
LAST EMPLOYER FIRST**

EMPLOYER	PHONE NUMBER	DATES EMPLOYED

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY: initial _____

GP CONT# _____ RECEIPT# _____ EXP DATE _____