



# CITY OF FULSHEAR

## DEVELOPMENT SERVICES

PO Box 279 / 29255 FM 1093 #12C  
Fulshear, Texas 77441  
Phone: 281-346-8860 ~ Fax: 281-346-8237  
www.fulsheartexas.gov

### Contractor's Registration Form

**Registration Valid for One (1) Calendar Year (Jan. 1 – Dec. 31) – Must be Renewed Annually**

TYPE OF CONTRACTOR (PLEASE SELECT ONE)

General: \_\_\_\_\_ Mechanical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Irrigation: \_\_\_\_\_

Sign: \_\_\_\_\_ Pool: \_\_\_\_\_ Other: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING** (If Applicable)

1. Valid Texas Driver's License of Owner or Master
2. Copy of State License of Owner or Master
3. Copy of Contractor Registration Form
4. Certificate of General Liability Insurance showing: **City of Fulshear, P.O. Box 279, Fulshear, TX 77441** as certificate holder, minimum insurance must be at least \$100,000.00 with the City of Fulshear as additionally insured.
5. \$200.00 Fee – Payable to City of Fulshear (Exception: Plumbers and Electricians)

Office Use Only: License# \_\_\_\_\_

Licensed Individual: _____	TDL#: _____
Type of License: _____	Phone#: _____
Master License No. (If applicable): _____	Email: _____
Expiration Date: _____	

Business Information:	
Company Name: _____	Office Phone #: _____
Owner Name: _____	Phone#: _____
Mailing Address: _____	Email: _____
City, State, Zip: _____	Driver's License #: _____

<b>LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR INSPECTIONS:</b>	
1. _____	TDL#: _____
2. _____	TDL#: _____
3. _____	TDL#: _____
4. _____	TDL#: _____

Contractor's Printed Name

Contractor's Signature

Date

\*\*Change of company licensed individual needs to be updated with the City of Fulshear. Written notice along with required documents needs to be sent to [permits@fulsheartexas.gov](mailto:permits@fulsheartexas.gov) within 10 days of change or contractor will be in violation of city code.