



**City of Fort Worth  
Planning & Development Department  
Contractor Registration Application**

Submit this application along with your state contractor license and insurance requirement if applicable. Provide a copy of your valid state driver's license. Applications may be mailed or faxed.

Mail to: City of Fort Worth/Planning & Development Department  
1000 Throckmorton St  
Fort Worth TX 76102  
Online Permits: <http://fortworthtexas.gov/onlinepermits/>  
Customer Service: 817-392-2222  
Email: [Devcustomerservice@fortworthtexas.gov](mailto:Devcustomerservice@fortworthtexas.gov)

***For Office Use only***

**Registration #:** \_\_\_\_\_

**Docs Verified by:** \_\_\_\_\_

**D L #:** \_\_\_\_\_

**State License:** \_\_\_\_\_

**State Exp. Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Fort Worth Reg #** \_\_\_\_\_

- \_\_\_\_\_ New Registration Fee \$120.00
- \_\_\_\_\_ Renewal Registration Fee \$120.00
- \_\_\_\_\_ Change of Registered Official/Master \$60.00

**Contractor Type: (Select one only)**

- |   |                  |                            |
|---|------------------|----------------------------|
| _____ Building                                | _____ Pool/Spa   | _____ Wrecking Contractor* |
| _____ Electrical                              | _____ Steel      | _____ Moving Contractor*   |
| _____ Mechanical                              | _____ Fence      |                            |
| _____ Plumbing (____ Irrigator) (____ Master) | _____ Insulation | * Insurance requirements.  |
| _____ Sign Erector                            | _____ Roofing    |                            |
| _____ Sign Electrical                         | _____ Concrete   |                            |
|   | _____ Masonry    |                            |

**Please Print**

Licensee/Registered Official: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Contractor License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Master Contractor License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

***\*For your protection, we do not accept credit card information by email. Please provide a valid contact number for credit card payment.***