Contractor Registration Application

City of Fort Worth
Planning & Development Department
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 Fax: 817-392-8116

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 (___Comm) ( ____Res)       ____Pool/Spa
____Electrical                      ____Steel       ____Wrecking Contractor*
____Mechanical                     ____Fence       ____Moving Contractor*
____Plumbing (____Irrigator) (____Master) ___Insulation * Insurance requirements.
____Sign Erector                  ____Roofing
____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 or Local Contractor License # __________________________ Expires: ______________________

Signature: _______________________________________________________________________

Credit Card Information: (Please circle one)
MC     VISA     DISCOVER     AMERICAN EXPRESS

Card number: ________________________________________________________________

Card Holder’s Name: __________________________________________________________

Expiration Date: ________________ CVS Code________________ Card Billing Zip Code________

Signature: _____________________________________________________________________

Revised 9-6-13