

PLUMBING CONTRACTORS REGISTRATION APPLICATION

CITY OF AZLE

505 W. MAIN, AZLE, TEXAS 76020

(817) 444-2541 Email: mmessick@cityofazle.org

Date of Application: _____

Company Name: _____

Responsible Master Plumber: _____

Master Plumber's License No. _____

Mailing Address: _____

City / State / Zip: _____

Telephone: _____

Drivers License No.: _____ State: _____

ANNUAL RENEWAL REQUIREMENTS

- Copy of Texas Master Plumber's license.
- License must be unexpired.
- Copy of Drivers License

I testify that the information is correct and that if any change in this information occurs I will notify the City of Azle within ten (10) working days of such change. I will not perform plumbing work within the corporate limits of the City of Azle unless said work has been authorized by obtaining the required permit for the City of Azle. I understand that the renewal date of this registration is January 31 of each year.

Applicant Signature:

Date:

Persons Authorized to obtain permits under this registration

_____	_____
_____	_____
_____	_____
_____	_____