

Contractor Registration Application

City of New Waverly

200 Gibbs Street, New Waverly, TX 77358
Phone: 936-344-6621 Fax: 936-344-3246

Company Name: _____

Company Owner: _____

License Holder(s): _____

Business Email Address: _____

Business Phone: _____ Cell Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

A person who performs work within the City of New Waverly must be approved as a registered contractor. This application and the information requested below is required. You may be asked for additional information. Incomplete and/or illegible documentation will not be accepted.

General: Valid Driver's License

General Liability Insurance Listing the City as the Certificate Holder

Mechanical, Electrical, Plumbing & Irrigation:

All Items Listed Above and Copy of Required State License(s)

The Certificate of General Liability Insurance must list the City of New Waverly as the insured party and list the physical address: 200 Gibbs St., New Waverly, TX 77358. The certificate must be signed.

Please list anyone who may have the authority to apply for permits in your company name.

Name: _____ Email: _____ DL# _____

Name: _____ Email: _____ DL# _____

Name: _____ Email: _____ DL# _____

I certify that I am an authorized signer with the authority to submit this application. I certify that I have read and examined this application and attest that the information I am providing is correct. I understand that it is against the law to make a false statement on a government document and that incomplete applications will be denied. I agree to comply with all provisions of laws and ordinances governing this type of work, whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. I understand that this application must be submitted for review annually and that I am responsible for renewing all licenses and insurance submitted prior to their expiration date.

Applicant Signature: _____

Applicant Printed Name: _____ Date: _____