

Instructions: Application must be filled out completely for processing.

Note: As of April 1, 2022, the master electrician of record shall not have a city electrical contractor's registration for more than one contracting business. Please call Electrical Inspections at 832.394.8860 when the contractor's registration is up for renewal. You will need to indicate which businesses will be dropped at that time.

A. TYPE OF REQUEST

Indicate the type of request: **NEW** **RENEWAL**

B. LICENSE INFORMATION

<input type="checkbox"/> Master License No.: _____ Expiration Date: _____	<input type="checkbox"/> Contractor License No: _____ Expiration Date: _____
<input type="checkbox"/> Sign Master License No.: _____ Expiration Date: _____	<input type="checkbox"/> Sign Contractor Lic. No.: _____ Expiration Date: _____
<input type="checkbox"/> Appliance Installer License No.: _____ Expiration Date: _____	<input type="checkbox"/> Appliance Installers Contractor Lic. No.: _____ Expiration Date: _____

C. MASTER, SIGN MASTER, APPLIANCE INSTALLER INFORMATION

Name: _____ Driver's Lic. #: _____
(Exactly as it appears on the Master License issued by the State of Texas) Driver's Lic. State: _____

Home Address: _____
City *State* *Zip Code*

Phone No.: _____ Email Address: _____

D. CONTRACTOR, SIGN CONTRACTOR, APPLIANCE INSTALLER CONTRACTOR LICENSEE HOLDER INFORMATION

Name: _____ Driver's Lic. #: _____
(Should be the same as the Contractor Signature below) Driver's Lic. State: _____

E. CONTRACTOR BUSINESS INFORMATION

Company Name: _____
(Exactly as it appears on the Contractor's Certificate issued by the State of Texas)

Physical Address: _____
City *State* *Zip Code*

Business Phone No.: _____ Emergency Phone No.: _____

Email Address [and/or Fax No.(Optional)]: _____

F. MASTERS ONLY: List all persons authorized to pick-up permits only. (May not sign on behalf of the Master)

1. _____	DL#: _____	State: _____
2. _____	DL#: _____	State: _____
3. _____	DL#: _____	State: _____

G. SIGNATURES

Master Signature: _____ **Date:** _____

Contractor Signature: _____ **Date:** _____

H. NOTARY INFORMATION

Subscribed and sworn before me by affiant this _____ day of _____, 20_____

Notary Public

I. CONTACT INFORMATION

Phone Number: 832-394-8860	Mailing Address: P.O. Box 2688, Houston, TX 77252-2688
Fax Number: 832-395-9601	Email Address: hpcelectricalsection@houstontx.gov

OFFICE USE ONLY

Date: _____ Processed By: _____