

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

Master License No.: _____ Expiration Date: _____
 Contractor License No.: _____ Expiration Date: _____
 Sign Master License No.: _____ Expiration Date: _____
 Sign Contractor Lic. No.: _____ Expiration Date: _____
 Appliance Installer License No.: _____ Expiration Date: _____
 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: _____