

**CITY OF DALHART**  
**CONTRACTOR REGISTRATION APPLICATION (\$100 ANNUALLY)**  
[codeenforcement@dalharttx.gov](mailto:codeenforcement@dalharttx.gov) 806-244-5511 ext. 3213

**TYPE OF CONTRACTOR REGISTRATION:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> GENERAL (COMMERCIAL ONLY) | <input type="checkbox"/> RESIDENTIAL NEW     | <input type="checkbox"/> RESIDENTIAL ADDITION/REMODELING     |
| <input type="checkbox"/> ELECTRICAL                | <input type="checkbox"/> INSULATION          | <input type="checkbox"/> ROOFING-COMMERCIAL                  |
| <input type="checkbox"/> GLASS AND GLAZING         | <input type="checkbox"/> LANDSCAPE           | <input type="checkbox"/> ROOFING-RESIDENTIAL                 |
| <input type="checkbox"/> HEATING/AIR               | <input type="checkbox"/> PLUMBING            | <input type="checkbox"/> WATER TREATMENT EQUIPMENT INSTALLER |
| <input type="checkbox"/> HOUSE MOVING              | <input type="checkbox"/> SWIMMING POOL       |  |
| <input type="checkbox"/> ELECTRICAL SIGN           | <input type="checkbox"/> NON-ELECTRICAL SIGN |  |

**APPLICANT INFORMATION:**

Owner Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

State License / Registration Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Alternate Phone Number (some way to leave a message): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***By signing below, I attest the above information is true. I understand that giving false information regarding State licensing could be grounds for repercussion from the appropriate licensing agency.***

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\$100 PAID (attach copy of receipt)

Copy of insurance/bond on file

\_\_\_\_\_  
Signature of Code Officer

\_\_\_\_\_  
Date