



Plumbing Contractor Registration

City of Alice



500 E Main St., PO Box 3229, Alice, TX 78333

PH. (361) 668-7275 FAX (361) 668-4385 E-MAIL inspection@cityofalice.org

Date _____

Number _____

Master Plumber _____

Home Mailing Address _____

City, State Zip _____

Phone _____

Fax _____

Cell # _____

E-mail _____

Driver's License Number _____ State _____

License No. Issued by the Texas State Board of Plumbing Examiners _____

Date License Issued _____ Expiration Date _____

Business Name _____

Owner's Name _____

Company Mailing Address _____

City, State Zip _____

Phone _____ Fax _____ E-mail _____

Insurance Information:

Insurance Company's Name _____ Expiration Date _____

I have read and understand the information regarding permit expiration and work without a permit. I agree to abide with the regulations concerning the conduct of contractors, and I affirm that the above information is true and correct.

Print name _____ Signature _____

Please attach a copy of current driver's license, state license, and Certificate of Insurance.

**** License holder must apply in person.****

Registration expires on December 31st of each year.