



**City of Fulshear**  
6611 W Cross Creek Bend Lane  
Fulshear, TX 77441  
Phone: 281-346-8860  
Email: [permits@fulsheartexas.gov](mailto:permits@fulsheartexas.gov)

<b>OFFICE USE ONLY:</b> License #: _____
---

**Contractor's Registration Form**

**Registration Valid for One (1) Calendar Year (Jan. 1 – Dec. 31) – **Must be Renewed Annually****

TYPE OF CONTRACTOR (*PLEASE SELECT ONE*)

**GENERAL:**  Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ **MECHANICAL:**  **PLUMBING:**   
**ELECTRICAL:**  **IRRIGATION:**  **SIGN:**  **POOL:**  **OTHER:**

**PLEASE PROVIDE THE FOLLOWING (*If Applicable*)**

1. Valid Texas Driver's License of Owner or Master
2. Copy of State License of Owner or Master
3. Copy of Contractor Registration Form
4. Certificate of General Liability Insurance showing: **City of Fulshear, P.O. Box 279, Fulshear, TX 77441** as certificate holder, minimum insurance must be at least \$1,000,000.00 with the City of Fulshear as additionally insured.
5. \$200.00 Fee – Payable to City of Fulshear (Exception: Plumbers, Electricians, Mechanical)

Licensed Individual: _____	TDL#: _____
Type of License: _____	Phone#: _____
Master License No. (If applicable): _____	Email: _____
Expiration Date: _____	
<b>Business Information:</b>	
Company Name: _____	Office Phone #: _____
Owner Name: _____	Phone#: _____
Mailing Address: _____	Email: _____
City, State, Zip: _____	Driver's License #: _____
<b>LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR INSPECTIONS:</b>	
1. _____	TDL#: _____
2. _____	TDL#: _____
3. _____	TDL#: _____
4. _____	TDL#: _____

Contractor's Printed Name

Contractor's Signature

Date

\*\*Change of company licensed individual needs to be updated with the City of Fulshear. Written notice along with required documents needs to be sent to [permits@fulsheartexas.gov](mailto:permits@fulsheartexas.gov) within 10 days of change or contractor will be in violation of city code.