



201 Bolivar Street/PO Box 1729 \* Sanger, TX 76266  
940-458-2059(office) [www.sangertexas.org](http://www.sangertexas.org)

### CONTRACTOR REGISTRATION

Date: \_\_\_\_\_

Contractor First/Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of License: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Type of License: \_\_\_\_\_ Number: \_\_\_\_\_ Expires: \_\_\_\_\_

- Copy of Contractor License
- Copy of Certificate of Insurance

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

\_\_\_\_\_  
Date