



MASTER PLUMBER REGISTRATION

City of Angleton
 121 S. Velasco
 phone:979-849-4364 ext. 2108 fax:979-849-5561

COMPANY NAME:		PHONE#
STATE LICENSE #:		FAX #
MAILING ADDRESS:		
CITY:	STATE:	ZIPCODE:
STREET ADDRESS:		
CITY:	STATE:	ZIPCODE:
E-MAIL ADDRESS:		

LIST ALL PERSONS AUTHORIZED TO SIGN FOR PERMITS

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

APPLICANT SIGNATURE	DATE:
_____ (PRINTED NAME)	

Subscribed and sworn to before me on this _____ day of _____
 20 _____ .

 Notary Public

*INCLUDE COPIES OF: DRIVERS LICENSE; LIABILITY INSURANCE AND STATE LICENSE CARD
 *REQUIRED ON INSURANCE: CITY OF ANGLETON AS CERTIFICATE HOLDER (INSURANCE MUST BE REGISTERED WITH THE STATE)