

**PLUMBING CONTRACTOR  
REGISTRATION 2010**



Development Services  
2406 Leopard  
Corpus Christi, TX 78410  
(361) 826-3240  
(361) 826-4375 (fax)  
PermitRequests@cctexas.com  
**Section 14.225 (c) (2)**



Please Print \_\_\_\_\_ NEW REGISTRATION \_\_\_\_\_ RENEWAL

\_\_\_\_\_  
Last Name First Name Date

\_\_\_\_\_  
Street Phone Number

\_\_\_\_\_  
City, State, Zip Code Date of Birth

***A responsible Master Plumber may file an Affidavit with the Inspection Division authorizing a designated agent to apply for and receive plumbing permits in said person's behalf, and affirming that said licensed person assumes all responsibility for any plumbing permit obtained by said agent.***

\_\_\_\_ Registration Fee...\$0.00  
\_\_\_\_ Copy of the State Plumbing license. (M-\_\_\_\_\_ Expiration Date:\_\_\_\_\_)  
\_\_\_\_ Copy of Driver's License required (#\_\_\_\_\_ Expiration Date:\_\_\_\_\_)

**Name of Plumbing Company**

**Name of Licensed Plumber:** \_\_\_\_\_

Company Name \_\_\_\_\_

Business Location \_\_\_\_\_

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

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

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

E-Mail (optional) ( ) \_\_\_\_\_

Type of Ownership (check one): \_\_\_ Corporation \_\_\_ Sole Proprietor \_\_\_ Joint Venture \_\_\_ Partnership \_\_\_ Other

I hereby affirm under the penalty of perjury that all of the acts, statements, and answers herein are true.

\_\_\_\_\_  
Signature of Master Plumber

\_\_\_\_\_  
Print Name of Master Plumber

**Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Bus. Control # \_\_\_\_\_ License No. \_\_\_\_\_