



Engineering Services

2019 ROW CONTRACTOR REGISTRATION FORM

Address: 2121 Cross Timbers Road
Flower Mound, TX 75028
(972) 874-6315

Registration is valid for the 2019 calendar year.

Please check all that apply, AND circle your main scope of business.

Contractor Type: Franchise Sub-Contractor Other: _____
(Description Required)

Business Name: _____

Responsible Party Name* : _____ Title: _____

* This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances. PLEASE ATTACH A CURRENT LEGIBLE (TEXT AND PICTURE) COPY OF THIS PERSON'S DRIVER'S LICENSE, OR IF THIS PARTY DOES NOT POSSESS SUCH A VALID DRIVER'S LICENSE, THEN SUCH OTHER IDENTITY CARD OR DOCUMENT ISSUED BY THE FEDERAL OR STATE GOVERNMENT CONTAINING THE PICTURE AND SIGNATURE OF SAID PERSON.

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Initial here to allow your email address to be public information: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Fax: () _____

Cell Phone: () _____

Personnel authorized to obtain a permit under this business name (use company letterhead for additional names):

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

ORIGINAL Signature of Responsible Party* *

Printed name of Responsible Party

** THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM FOR YOU, IF YOU ARE REGISTERING BY MAIL, OR IF YOU ARE REGISTERING BY EMAIL. IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSE OF THE OWNER OR OFFICER MUST BE EMAILED TO ENGINEERING@FLOWER-MOUND.COM. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT AND YOUR TEMPORARY PASSWORD FOR eTRAKIT BY RETURN MAIL. YOUR CONTRACTOR PASSWORD CANNOT BE GIVEN VIA TELEPHONE, UPON REQUEST IT CAN BE SENT TO THE EMAIL ADDRESS LISTED ON THIS CONTRACTOR REGISTRATION FORM OR IT CAN BE GIVEN OUT AT OUR OFFICE TO THE PARTIES LISTED ON THIS REGISTRATION FORM WITH PROPER IDENTIFICATION. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR.

THE STATE OF TEXAS
COUNTY OF _____
BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature of Registrant

Title

Subscribed and sworn to before me, this _____ day of _____, 20 ____ A.D., to certify which witness my hand and seal of office.

Notary Public - Signature

FOR OFFICE USE ONLY

REVIEWED BY _____

DATE RECEIVED _____