



Environmental Services

OSS REGISTRATION FORM

Address: 2121 Cross Timbers Road
Flower Mound, TX 75028
(972) 874-6355
Registration fee: \$125.00 per license

Business Name: _____

Owner/Officer of the Company*: _____ **Title:** _____

*(Officer of the company – e.g., President, Vice President, CEO.) 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:

1) A CURRENT LEGIBLE (TEXT AND PICTURE) COPY OF THIS PERSON'S DRIVER'S LICENSE, OR IF THE OWNER OR OFFICER 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.

2) A CURRENT COPY OF THE INSTALLER/MAINTENANCE PERSON'S TCEQ LICENSE.

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail _____ **Physical** _____

Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: (____) _____ **Cell Phone:** (____) _____

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

Name: _____ Title: _____

Name: _____ Title: _____

ORIGINAL Signature of Owner or Officer**

Printed name of Owner or Officer

**THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING THIS FORM FOR YOU OR IF YOU ARE REGISTERING BY MAIL. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT BY RETURN MAIL. 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 _____
ACCESS CODE GIVEN TO _____

FEE AMOUNT PAID \$ _____

DATE RECEIVED _____
(Revised 1/20/2011)