



ELECTRICAL STATE LICENSE REGISTRATION & RENEWAL FORM

NOTE: APPLICATION MUST BE FILLED OUT COMPLETELY FOR PROCESSING.

A. TYPE OF REQUEST

Indicate the type of request: NEW RENEWAL

B. LICENSE INFORMATION

<input type="checkbox"/> Master License No.: _____ Expiration Date: _____	<input type="checkbox"/> Contractor License No.: _____ Expiration Date: _____
<input type="checkbox"/> Sign Master License No.: _____ Expiration Date: _____	<input type="checkbox"/> Sign Contractor Lic. No.: _____ Expiration Date: _____
<input type="checkbox"/> Appliance Installer License No.: _____ Expiration Date: _____	<input type="checkbox"/> Appliance Installers Contractor Lic. No.: _____ Expiration Date: _____

C. MASTER, SIGN MASTER, APPLIANCE INSTALLER INFORMATION

Name: _____ Driver's Lic. #: _____
(Exactly as it appears on the Master License issued by the State of Texas) Driver's Lic. State: _____

Home Address: _____
City State Zip Code

Phone No.: _____ Email Address: _____

D. CONTRACTOR, SIGN CONTRACTOR, APPLIANCE INSTALLER CONTRACTOR LICENSEE HOLDER INFORMATION

Name: _____ Driver's Lic. #: _____
(Should be the same as the Contractor Signature below) Driver's Lic. State: _____

E. CONTRACTOR BUSINESS INFORMATION

Name: _____
(Exactly as it appears on the Contractor's Certificate issued by the State of Texas)

Physical Address: _____
City State Zip Code

Business Phone No.: _____ Emergency Phone No.: _____

Email Address [and/or Fax No.(Optional)]: _____

F. MASTERS ONLY: List all persons authorized to pick-up permits **only**. (May not sign on behalf of the Master)

1. _____	DL#: _____	State: _____
2. _____	DL#: _____	State: _____
3. _____	DL#: _____	State: _____

G. SIGNATURES

Master Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

H. NOTARY INFORMATION

Subscribed and sworn before me by affiant this _____ day of _____, 20____

 Notary Public

I. CONTACT INFORMATION

Phone Number: 832-394-8860 Mailing Address: P.O. Box 2688, Houston, TX 77252-2688

Fax Number: 832-395-9601 Email Address: hpcelectricalsection@houstontx.gov

OFFICE USE ONLY

Date: _____ Processed By: _____