



**REGISTRATION FORM FOR STATE AIR CONDITIONING LICENSE**

State License Number: \_\_\_\_\_ Class:  ATA  ATB Endorsement:  E  R  C

**Licensee Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Business Information (must be same as business affiliation on state license and/or website)**

Company Name or DBA: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email provided will be used to send important information:

**Authorized Signatures to Purchase Permits in Person**

Please Provide Full Name as on Driver's License

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Request to Retire a Signature**

Provide Full Name

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Licensee Signature**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Information**

Subscribed and sworn to before me by affiant this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC

**Mechanical Inspections Contact Information**

Phone Number: 832-394-8850 Physical Address: 1002 Washington Avenue, 4<sup>th</sup> Floor  
Email: [mechanicalsection@houstontx.gov](mailto:mechanicalsection@houstontx.gov) Mailing Address: P.O. Box 2688, Houston, TX 77252-2688

**FOR OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_