



P.O. Drawer 400 2665 San Angelo  
 Ingleside, TX 78362  
 Phone: 361-776-3815 Fax: 361-776-1027  
[building@inglesidetx.gov](mailto:building@inglesidetx.gov)

**ROOFING CONTRACTOR REGISTRATION**

Roofing Contractor Registration Fee (\$50)

**Contractor Code:** \_\_\_\_\_

NAME: \_\_\_\_\_  
 (First Name) (Middle) (Last Name)

ADDRESS: \_\_\_\_\_  
 (Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 (State) (Number)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_  
 (Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE #: (\_\_\_\_) \_\_\_\_\_  
 (Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: \_\_\_\_\_  
 (Mailing Address) (City/State/Zip)

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- \_\_\_\_\_ Valid State Driver's License
- \_\_\_\_\_ Valid State Driver's License for All Powers of Attorney (People allowed to pull permits for company)

List of Powers of Attorney (People allowed to pull permits for company)

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: December 31, 20\_\_\_\_.

Updated – December 13, 2016