



Plumbing/Irrigation Contractor Registraton Expires Dec. 31, 20__

CITY OF GALVESTON PLUMBER REGISTRATION FORM

PROOF OF INSURANCE IS REQUIRED

Please Print

Company _____

Plumbing _____

State Lic. # _____

Expiration Date _____

Irrigation _____

(Check One)

Address _____

City _____ State _____ ZIP _____

Contacts:

<u>Name:</u>	<u>Title:</u>	<u>Phone #</u>	<u>Cellular #</u>
	Owner/Master/Lic Holder		
	Owner		

Fee Paid \$ _____ Signature _____ Date _____

**Attach copy of Master
Plumbing License or
Irrigator License**

**Attach copy of
Drivers License**